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BOSTON UNIVERSITY
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Thesis

A SOCIAL WORK PROGRAM FOR
THE LARGER RURAL PARISH

by

George Gurney Cox
(B.S., University of Illinois, 1931)

submitted in partial fulfilment of the
requirements for the degree of
Master of Arts

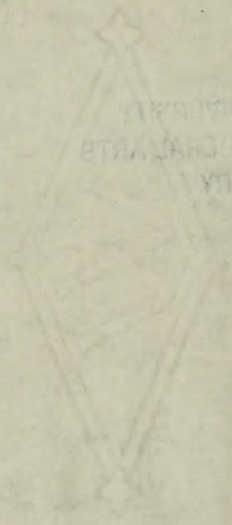
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CHAPTER I

GENERAL HEALTH CONDITIONS OF RURAL LIFE

1. Rural Death Rates as Compared with Urban. In general it may be said that the death rate for rural people is more favorable than that for city dwellers. By that I mean that the death rates for the whole nation over, covering a period of years, are slightly lower in the open country and in towns of less than 10,000 population. The annual rates averaged for 1900 to 1904 give the cities 17.74 and the rural districts 14.25 deaths per 1000 population. For 1905 to 1909 the rates average 13.00 and 11.23 respectively, for 1910 they were 13.3 and 11.0 and for 1911 to 1915 the rates were 13.5 and 11.0. On the basis of the same age distribution for both city and country, the latter will show a still more favorable rate.¹ For 1910 the city rate stood at 13.2 and the rural rate at 11.0, giving an advantage of 2.2 for the rural.² From this one might infer that the country was more than a third healthier than the city. The average length of life in the country for the registration area in 1910 was 36 years, while in the city it was but little more than 49 years.

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One might conclude from this evidence that there was a higher level of culture in rural society than in urban society. But when considered in the light of other facts the conclusion is without grounds. The chances of escaping death are much better in the country simply because of the natural advantages irrespective of a superior cultural development. Such advantages are

1. Mortality Statistics, 1922, U.S. Department of Commerce
2. Elements of Rural Sociology, pp. 402, 403

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¹ Mortality Statistics, 1929, U. S. Department of Commerce

clean, fresh air in a life of out-of-doors,^d sunshine, freedom from distracting noises, from the high pressure of competition and from the congestion of populations in slum districts. There are also the advantages of less hazardous occupations and, in general, a more stable and secure mode of living. Of course, there are some disadvantages of health in the country, but the advantages far outweigh them. The wonder is that the death rate in the country, as compared with the city, is not smaller than it is. Rural people take little advantage of their natural assets. In the majority of the states the urban death rate has already fallen below the rural, because of the special and scientific efforts made in urban communities to overcome their handicaps. The first states in which the urban death rates were shown to be below the rural were New York (1910), Massachusetts (1914), Washington (1915),^{California (1916)} and New Jersey (1916). By 1922 there were 9 states with lower urban death rates and by 1929 there were, without question, 35 states showing lower urban death rates!² Of those mentioned above New York, Massachusetts, and New Jersey were still holding their own with a good margin, and to them have been added Maine, New Hampshire, Vermont, Rhode Island, Pennsylvania, Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, Nebraska, Kansas, Delaware, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Arkansas, Oklahoma, Idaho, Wyoming, Colorado, New Mexico, Utah, Nevada, and Oregon. A few other states are near the borderline and their urban death rates have not yet been computed, but this information is sufficient to prove the aggressive trend toward better health in the cities and the apparent indifference in the country. Moreover, if this trend continues at the same comparative rate, the next census will show a lower urban death rate for the entire nation.

1. Mortality Statistics 1929, U. S. Dept. of Commerce

2. Statistical Abstract, 1932.

2. The Prevalence of Preventable Diseases and Physical

Handicaps. Again, consulting the Mortality Statistics for 1929, we shall find it enlightening to make a comparative study of the principle causes of death in rural and urban communities.

The death rate caused from smallpox in the cities for 1929 was 0.1 per 100,000 population, and the death rate in rural districts of the U.S. was 0.2. Deaths caused from measles in the cities of the U.S. for 1929 were 2.4 per 100,000, and in all rural parts 2.6.¹ The death rate from scarlet fever is shown to be a little lower in rural than in urban communities for 1929, the former being 2.1 and the latter 2.2.² In the same year there were in the registration area (46 states) of the United States 7,310 deaths caused from whooping cough of which more than 81 per cent were children under two years of age. More than 51 per cent were under one year of age. The death rate in the cities was 5.2 and in the rural communities 7.1.³ But the disease credited with the largest death toll in rural districts was malaria with a death rate of 5.8 as compared with the cities' 0.8.⁴ It would appear from this data, and from the results of a number of health surveys in rural districts that the most prevalent diseases are measles, mumps, whooping cough, smallpox, chickenpox, scarlet fever, malaria, hookworm, and lockjaw. Malaria, hookworm and lockjaw are particularly prevalent in the South. Malaria is most common in swampy places or near some body of water, where the mosquito, which spreads the disease, may breed. Hookworm and lockjaw are both diseases of the soil, which work their way in to human tissues through openings in the skin. Both are treacherous and hard to control. The other diseases are common everywhere, so common that most people fail to realize the seriousness of them.

1. Tables Y and Z, P. 18.

2. Table AA, P. 19.

3. Table AB, P. 20.

4. Table X, P. 17.

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1. Tables Y and Z, p. 18.
2. Table AB, p. 20.
3. Table X, p. 14.
4. Table AA, p. 12.

A good many studies have been made of the physical handicaps of rural people, and the information they give us is another challenge to the social work program of the church. Again it may be said, as in the case of the mortality statistics, that if we were to judge by the advantages of natural environment we should expect a lower per cent of physical defects in rural than in urban districts. However, when a careful comparative study is made over a representative area of our nation, the contrary is found to be true. The National Education Association made a study of the 25 leading cities in the United States and 1,831 rural communities, and attempted to make their study as representative as possible. The outstanding facts of the tabulated results are the following:¹.

Physical Defects of Children		Urban	Rural
Teeth defects.....		33.58%	48.80%
Nasal "		14.40%	20.75%
Eye "		13.43%	21.08%
Malnutrition		7.65%	16.60%
Breathing Defects		2.10%	4.20%
Mental defects		0.15%	0.80%
Ear "		1.28%	4.78%
			

As one motors through the open country and breathes the pure, fragrant air wafted to him from clover and alfalfa fields, he may wonder why it is that there is a larger per cent of nasal defects among rural children than among urban. Or, again, as he observes the green trees, the green meadows and cornfields, and the restful blue skies above, how could he guess that these same children would be troubled with defective eyesight? In the country they are free from the gaudy colors of billboards, from the glaring lights of Broadway, and from the smoke and sulfur dust of factories, and yet the above data shows the eye defects of rural children to be more than a third greater by per cent

1. Vogt, P. L. : Introduction to Rural Sociology (2nd. Ed.),
P. 160, D. Appleton & Co., Publishers.

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Physical Defects of Children		
Urban	Rural	
48.88%	48.80%	Teeth defects
14.40%	20.75%	Nasal
13.43%	21.08%	Eye
7.65%	15.60%	Mental defects
2.10%	4.20%	Respiratory defects
0.15%	0.80%	Mental defects
1.98%	4.78%	Ear

As one motorist through the open country and breathes the pure,

fragrant air waited to him from clover and alfalfa fields, he

may wonder why it is that there is a larger per cent of nasal

defects among rural children than among urban. Or, again, as

he observes the green trees, the green meadows and cornfields,

and the vast blue skies above, how could he guess that these

same children would be troubled with defective eyesight? In the

country they are free from the ranky colors of billboards, from

the glaring lights of Broadway, and from the smoke and sulfur

dust of factories, and yet the above data shows the eye defects

of rural children to be more than a third greater by per cent

than urban children. What then shall we say of malnutrition? These farmers, who have always been noted for their generosity and hospitality, whose wives have gloried in the quantity and quality of foods that they were able to set before their farmhands and threshers, shall we say that they purposely let their children go hungry? Although the figures show a percentage of undernourished children in the country over twice as great as in the cities, this does not necessarily prove a lack in the quantity of food. It does, however, prove a lack of quality. The farmers were either ignorant of the proper diet for growing children or else they failed to raise all of the necessary elements on the farm and were unable to buy the ones they lacked. These things we shall consider more fully under causes of rural ill-health.

3. The Causes of Deficiency in Rural Vitality. One of the underlying causes of health deficiency is fatigue, both mental and physical. Hawthorn in "The Sociology of Rural Life" devotes a whole chapter to this subject. He says that one of the hindrances to the socialization of rural life is fatigue. It has been estimated that farmers work 13.3 hours per day in summer, sleep 8 hours, eat 1.5 hours, and have remaining only 1.2 hours for recreation. In the winter they, as a rule, take 2 hours per day for meals and 2.5 hours for recreation. With such long hours of work, they are too fatigued when the day is done to enlighten themselves in such important subjects as hygiene, sanitation, contagious diseases and the care of children. Fatigue also lowers their physical resistance and makes them much more susceptible to diseases. The neglect of those subjects, which have to do with either the spread or the prevention of disease, only leads them farther into ~~into~~ its vicious circle. Without knowledge of hygiene and sanitation they are sure to violate their laws unconsciously.

than upon children. That then shall we say of maintenance? These farmers, who have always been noted for their honesty and hospitality, whose wives have glided in the quantity and quality of food that they were able to see before their farm-hands and themselves, shall we say that they purposely let their children go hungry? Although the figures show a percentage of undernourished children in the country over twice as great as in the cities, this does not necessarily prove a lack in the quantity of food. It does, however, prove a lack of quality. The farmers were either ignorant of the proper diet for growing children or else they failed to raise all of the necessary elements on the farm and were unable to buy the ones they lacked. There things we shall consider more fully under causes of rural ill-health.

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Sims claims in his chapter on "Neglected Rural Sanitation" that "the most serious neglect pertains to the elimination of disease-causing and disease-carrying insects."¹ Among the most serious is one variety of mosquito, the *Culex quinquefasciatus*, prevalent in the warmer regions of the United States and carrier of the disease germ known as "break-bone fever". Although rarely fatal, break-bone fever (dengue) can be exceedingly painful to its victims. Another mosquito, which is far more dangerous than it appears, is the anopheline, chief carrier of malaria. The most serious damage of this insect has been done in the state of Mississippi. In recent years this ~~state~~ state has reported about 80 cases of Malaria per 1000 population. Making a very conservative estimate, there are probably one million cases annually in the United States. Some have placed the figure at 9 million.

All rural communities are infested with flies, which flourish in lavishing abundance because of the poor sanitary arrangements about the farmsteads. Barnyard manure is left standing in the lot all through the breeding period of flies instead of being hauled away and spread upon the fields. Nothing could be more favorable for the rapid reproduction of this elusive insect and the resultant spread of disease. Flies are great disease carriers, especially when they come in contact with human excreta. Hence, we find such diseases as typhoid, infantile paralysis, diarrhea, and dysentery more prevalent in the country.

In 1918 a survey of rural sanitation was made by the United States Public Health Service in 15 typical rural counties, which brought out the following results:² "Of the 51,544 farms surveyed, only 1.22 per cent were equipped for the sanitary disposal of human excreta and at some, which were properly equipped, the

1. Sims: Elements of Rural Sociology, Pp. 405-6, 412-13.

2. L. L. Lumsden, "Rural Sanitation", Public Health Bulletin

No. 94, P. 40.

Some of the more important "neglected rural sanitation"

that "the most serious neglect pertains to the elimination of disease-carrying insects." Among the most

serious in one variety of mosquito, the chief disease-transmitter, prevalent in the warmer regions of the United States and carrier of the disease known as "malaria fever". Although rare

in fatal, break-bone fever (dysentery) can be exceedingly violent to the victim. Another mosquito, which is far more dangerous

than it appears, is the sandfly, chief carrier of malaria.

The most serious damage of this insect has been done in the state

of Mississippi. In recent years this state has reported about

80 cases of malaria per 1000 population. Making a very conservative estimate, there are probably one million cases annually

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In 1918 a survey of rural sanitation was made by the United

States Public Health Service in 15 typical rural counties, which

brought out the following results: "Of the 51,544 farms sur-

veyed, only 1.32 per cent were equipped for the sanitary disposal

of human excreta and at some, which were properly equipped, the

equipment was not used by all members of the household in a satisfactory manner; at 68 per cent the water supply used for drinking purposes was obviously exposed to potentially dangerous contamination from privy contents or from promiscuous deposits of human excreta, and at the majority of them the water supply was exposed also to unwholesome pollution from stable yards and pigsties. At only ³22.88 per cent of the farm homes were the dwellings during the summer season effectively screened to prevent flies - having free access to nearby deposits of human excreta and other filth - from entering the dining rooms and kitchens and contaminating the foods for human consumption exposed therein." Most farmers do not realize the fact that these flies, which they are giving free rein, are known to carry at least 18 different kinds of disease germs. Other diseases transmitted by them, which have not been mentioned heretofore, are scarlet fever, tuberculosis, cholera, tetanus, eye contagions, anthrax, glanders, meningitis and erysipelas. With this information concerning disease-carriers before us we are beginning to see the reasons for the high death rate from malaria and the prevalence of a number of other contagious diseases in the country. There are other important agencies, besides human contacts, which spread disease.

As for the causes of physical handicaps, Miss Ward's survey of Northern United States may give us a hint. She found that 79 per cent of the farm women still tended kerosene lamps. The kerosene lamp gives a steady light, but it is not nearly bright enough. Consequently, those who study hour by hour with only such a lamp find that their eyes are under a constant strain. There is nothing in the natural environment of rural children to cause defective eyesight, but probably this deficiency in artificial lighting is the main cause of injury.

equipment was not used by all members of the household in a satisfactory manner; at 88 per cent the water supply used for drinking purposes was obviously exposed to potentially dangerous contamination from privy contents or from promiscuous deposits of human excreta, and at the majority of them the water supply was exposed also to unwholesome pollution from stable yards and alleys. At only 32.88 per cent of the farm homes were the dwellings during the summer season effectively screened to prevent flies - having free access to nearby deposits of human excreta and other filth - from entering the dining rooms and kitchens and contaminating the foods for human consumption exposed therein. "Most farmers do not realize the fact that these flies, which they are giving free rein, are known to carry at least 18 different kinds of diseases. Other diseases transmitted by them, which have not been mentioned heretofore, are scarlet fever, typhoid fever, cholera, tetanus, eye contagion, anthrax, glanders, meningitis and erysipelas. With this information concerning disease-carriers before us we are beginning to see the reasons for the high death rate from malaria and the prevalence of a number of other contagious diseases in the country. There are other important agencies, besides human contacts, which spread disease.

As for the causes of physical handicaps, Miss Ward's survey of Northern United States may give us a hint. She found that 75 per cent of the farm women still tended kerosene lamps. The kerosene lamp gives a steady light, but it is not nearly bright enough. Consequently, those who study hour by hour with only such a lamp find that their eyes are under a constant strain. There is nothing in the natural environment of rural children to cause defective eyesight, but probably this deficiency in artificial lighting is the main cause of injury.

According to the Summary of the Census of Agriculture (1919-1920) gas or electric lighting was found in only 7 per cent of the farm houses of the United States. The percentage of gas or electric lighting in farm houses by sections of states is as follows:

New England States.....	15.3%
Middle Atlantic States....	14.1%
East North Central States	10.5%
West North Central States	8.9%
South Atlantic States.....	3.9%
East South Central States	2.0%
West South Central States	1.9%
Mountain States.....	10.3%
Pacific States.....	19.6%.

This summary bears out the truth of Miss Ward's investigation. In the one-room rural schools the same condition exists. As a rule, these school buildings are well arranged as to sunlight, but not equipped with the proper artificial lighting. Very rarely does one find a one-room school with electric lights, unless it happens to be one located near a city electric plant. The most of them are equipped with a single lamp, kerosene or gasoline, to be shared by the whole school on dark days. Many teachers, realizing the possible injury of the eyes of their pupils from poor lighting, have made use of the dark periods of the day for other purposes than study. Ventilation is another problem of the rural school. The most of them have no planned ventilation system at all. They are heated by a coal stove placed in the center of the room and ventilated by opening the windows. In cold weather this is far from satisfactory. The desks of pupils are arranged along by the windows, and if a window is opened one pupil is likely to chill, while the rest are profiting by the fresh air. As a result the windows are left closed, and the members of the school must remain in a warm stuffy room all day breathing the same air over and over again.

The question was raised toward the beginning of this chapter as to why it is that in rural communities, where there is every natural advantage for good health, there is a comparatively high

1930) use of electric lighting was found in only 7 per cent of the farm houses of the United States. The percentage of use of electric lighting in farm houses by sections of states is as follows:

New England States.....	15.3%
Middle Atlantic States.....	14.1%
East North Central States.....	13.8%
West North Central States.....	9.9%
South Atlantic States.....	5.9%
East South Central States.....	3.0%
West South Central States.....	1.9%
Mountain States.....	10.7%
Pacific States.....	10.8%

This summary bears out the truth of Miss Ward's investigation. In the one-room rural schools the same condition exists. As a rule, these school buildings are well equipped as to sunlight, but not equipped with the proper artificial lighting. Very rarely does one find a one-room school with electric lights, unless it happens to be one located near a city electric plant. The majority of them are equipped with a single lamp, kerosene or gasoline, to be shared by the whole school on dark days. Many teachers, realizing the possible injury of the eyes of their pupils from poor lighting, have made use of the dark periods of the day for other purposes than study. Ventilation is another problem of the rural school. The most of them have no planned ventilation system at all. They are heated by a coal stove placed in the center of the room and ventilated by opening the windows. In cold weather this is the most satisfactory. The desks of pupils are arranged along by the windows, and if a window is opened one pupil is likely to chill, while the rest are protected by the fresh air. As a result the windows are left closed, and the majority of the school must remain in a warm stuffy room all day breathing the same air over and over again.

The question was raised toward the beginning of this chapter as to why it is that in rural communities, where there is every natural advantage for good results, there is a comparatively high

death rate, and the vitality of rural people is far below what we would expect? In answering this question, we have considered some of the agencies at work to spread disease and to break down physical vigor in general, and we have come to the conclusion that these agencies are all linked up more or less closely with the social life of rural people, and not their natural surroundings. One of the most important observations made in this chapter was concerning the trends of rural and urban death rates, by states, over a period of years. Over this period the cities showed definite progress in the elimination of human deaths per capita, but there was no apparent progress in rural communities. What is the basis of this apparent neglect on the part of rural people? Is this group of people alone responsible? The basis of it may be summed up under four heads: (1) The individualistic mode of farm life. Ever since the pioneer days, when the farmer and his family were isolated from society and need not be concerned with outsiders, he has had a tendency to follow the same line of reasoning. Acquiring a piece of land for his farmstead, he has drawn a circle around it (or built a strong fence), and said to himself, "This much of the world is my own to do with as I please." Whatever is on this farm of good or ill is for my family. We shall dispose of it as we please. It is our business." Thus he has not sought the cooperation of other farmers in the elimination of disease-carrying insects, nor does he see the necessity of cooperating with them. No outsider needs to come and tell him how to make his home surroundings sanitary and healthful. His family is faring well enough, and he can run his own farm. Thus, by circumscribing his farm and himself, the farmer succeeds in shutting out the knowledge which would be of greatest value to him and his family.

(2) Ignorance of the causes of infection and communication of diseases. As a result of his isolation he usually bases the

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causes of diseases upon certain superstitions, arising out of the past. He does not connect diseases with flies and mosquitos. He looks upon these insects as annoying, yet harmless, and concerns himself with things "more important" than destroying them. He does not know their breeding places, how rapidly they reproduce their kind, nor how efficient they are in spreading diseases. If he knew all of the facts, he would probably govern his activities accordingly, but that does not follow inevitably.

(3) The expense must be taken into consideration in restoring a farmstead to the best health conditions. The installation and upkeep of an electric plant, even a small one, is more expensive than the average farmer can afford. The equipment for the sanitary disposal of human excreta, the drilling of a deep well, the establishing of a system of running water in house and barn - all of these items are expensive. But there are many things that a farmer can do in planning his farmstead. One of them would be the digging of the well for drinking water on a higher elevation of ground than the privy, the pigstie and the barnyard.

(4) The lack of cooperation on the part of health specialists. The rural people are not entirely responsible for their condition. In many cases they have been willing to cooperate with the health authorities - they have sought them out, but these authorities have ignored them. They have considered the farmers too poor and unimportant, and have turned their attention entirely toward the people of the cities. When there has been sickness in the farm family often the physician of medical clinic has been too far distant and too expensive to be available and so home remedies have been resorted to. If there was an injury of the eye, improper home treatment might cause infection resulting in either defective vision or total blindness. Other physical injuries might result in the same misfortune. These things will be considered more in detail under the next section.

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4. The Dearth of Medical Service in Rural Districts. In 1928

only 16 per cent of the rural population was being reached by the United States Public Health Service. The other 84 per cent were not yet provided with any adequate health service. Only a few states had reached extensive rural health organization. Like the American Indian, the old-time country doctor is vanishing from our countryside. He is no longer the living landmark of every country district, but is becoming such a rare type of individual that it looks as though he would soon become a curiosity of past history. The time was, when the country doctor represented a stabilizer and unifier of every rural community. He was not only the healer of all ills, but a sort of moral and spiritual philosopher as well. Now his heroic profession seems to be going on the rocks. Quoting from Sims,¹ "It is reported that not over 12 per cent of the rural population are adequately supplied with physicians. In more isolated sections there are no physicians at all. Dr. William Allen Pusey, a former ~~member~~^{President} of the American Medical Association, recently made a study of the rural physicians throughout the entire country. The facts revealed a rapidly decreasing supply. He summarizes his findings as follows: 'Of the 940 towns of 1000 or less in 47 states - 20 average towns in each state - which had physicians in 1914, only 630 of them had physicians in 1925; 310 of these towns are now without physicians. Thus, almost one-third of the small towns of the country have lost their physicians in eleven years'." He also found that the most of the country doctors today are old men. Only 1.4 per cent of the medical graduates of the last 10 years have gone into rural districts,

1. Sims: El. Ru. Soc. P. 424.

4. The Growth of Medical Service in Rural Districts. In 1928

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but he found in their place a number of "irregulars" or quacks. In the light of these facts Dr. Pusey predicted that by 1935 rural medical service would be completely broken down. Finally, he suggested the following causes for this breakdown of rural medical service: (1) the high cost of medical education, which country boys cannot afford, (2) the cultural disadvantages of rural life, (3) the reduction of the number of medical schools, (4) the lure of specialization, when the country does not call for it but rather a general knowledge of the profession, (5) the relatively unremunerative practice of the country, and, (6) the hardships which the country doctor must endure.

Medical inspection of school children is compulsory in the cities of 12 states, while in only 7 is it compulsory in rural schools. Medical inspection is being practiced in 450 cities in the United States and dental inspection in 65 cities, according to the statistics of 1926. At the same time dental inspection was compulsory in only one rural county. Free clinics for eye, ear, nose and throat specialists are available in most cities, but, according to Sims,¹ so far as known no open country district has yet offered such a service. There are 204 cities that provide for school nurses, and laws in 16 states provide that county commissioners may engage such a person, if they consider this necessary. Recreation, athletics and physical training with proper facilities and equipment are common in most large cities. These things have hardly begun to penetrate the rural districts". Practically every city in our nation has some definite health organization with a system of health laws rigidly enforced. These health organizations issue an abundance of literature on all sorts

1. ^{Ibid}~~Sims~~, P.441.

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of health problems for free distribution to the public, or in some cases there may be a nominal charge to cover the expense of printing. There are hospitals of every kind in proportion to the municipal needs, but, as we have observed, most rural districts have none of these advantages. They, too, must have the cooperation of a good health organization, of good doctors, nurses, hospitals, medical clinics and health literature. These rural people, who are the producers of food and raw material for our nation, must be given a fair chance to survive.

But what is the solution to this problem. It is generally thought that to set up an adequate health organization and equipment in most rural districts would involve more expense than the poverty-stricken farmers could afford. A doctor cannot possibly maintain the present standard of living for his family if his practice is dependent upon rural people alone. Therefore, he must concentrate the major part of his work in some distant city, where he makes his residence. In the city, too, he finds that he can specialize and thus become an expert in one particular line. This makes for greater efficiency and also greater income. However, there are ~~at~~ least three ways in which this problem is being solved in certain localities. The first has been exemplified in Altura, Minnesota. In Altura, a town of 250 population, the town people joined with 200 neighboring farmers in forming a "Health Association." They agreed to hire a physician for the community, and guarantee him a salary of \$3,000. a year. This money was raised through membership dues of \$24. per member annually. For this salary the doctor was not only to minister to the sick without fee, but he was to use every means within his power to prevent illness and maintain the highest type of physical vigor in the community. In other words, he was employed with free reins to be supervisor of health as he saw fit. Although he could not charge a fee, he could accept gifts. This plan has worked out very successfully.

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CHAPTER II

The second way in which the problem of rural health may be solved is by the cooperation of local health officers with the state governments and the United States Public Health Service. By combining local taxes with state or federal taxes and making use of the Public Health Service already established, gradually the rural districts can be adequately taken care of.

Finally, the social work program of the community church or larger parish in unifying rural communities, and in cooperating with the powers of state and nation, may be very effective in bringing about a new day for rural health and vigor.

The farmer's wife never gets bored working. Her work is equal to his if not longer. There is no time provided for her own literary, artistic and religious development except on Sundays, nor is there time for the more important of such work. Very rarely does the farm wife get an annual vacation, as if she took it will only be for a period of two days of the week. An annual vacation of one month for the farm wife is almost unheard of. Her work is usually more tedious than that of the farmer and lacking in mechanical stimulation. With a few days the latest and best equipment for the tillage of the soil, he does not think it important that his wife have the advantage of such equipment for her work. According to Miss Maud's survey of the northern part of the United States, 72 per cent of the farm women still attend to horse-drawn teams, 55 per cent to light ones pulling, 53 per cent to their own machines and 25 per cent to their own sewing. Much of their work is still done by hand. Only 49 per cent had electric refrigerators. In Iowa, for example, Clay County, Iowa, over 50 per cent still pulled by horse power. In Miss Maud's entire survey only 15 per cent had power saws, and 37 per cent had washing machines. The other 63 per cent still depended on the old washboard.

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CHAPTER II

THE SOCIAL ILLS OF RURAL LIFE

1. The Labor Problem for Women and Children. Much has been written about the excessive labor of women and children in the manufacturing industries and as a result we have had legislative ^{reform}, but it is only recently that we have been ~~awakened~~ to the fact that there is an equal, if not greater, problem of labor in agriculture. I have mentioned in connection with fatigue the fact that the farmer, as a rule, works ~~about~~ 13 hours a day, but the farmer's wife never gets through working. Her hours are equal to his if not longer. There is no time provided for her own literary, ~~a~~esthetic and religious development except possibly on Sundays, nor is there time for the home instruction of children. Very rarely does the farm wife get an annual vacation, or if she does it will only be for a period of ten days or two weeks. An annual vacation of one month for the farm wife is almost unheard of. Her work is usually more tedious than that of the farmer and lacking in mechanical conveniences. When a man buys the latest and best equipment for the tilling of the land, he does not think ^{it} important that his wife have the advantage of such equipment for her work. According to Miss Ward's survey of the northern part of the United States, 79 per cent of the farm women still attend to kerosene lamps, 94 per cent do their own baking, 96 per cent do their own washing and 92 per cent do their own sewing. Much of their work is still done by hand.¹ Only 47 per cent had carpet sweepers. In Lone Tree Township, Clay County, Iowa, over 50 per cent still relied on the broom. In Miss Ward's entire survey only 15 per cent had power washers, and 57 per cent had washing machines. The other 28 percent still depended on the old washboard.

1. Hawthorn: The Sociology of Rural Life, Century Co.

CHAPTER II
THE SOCIAL LIFE OF RURAL LIFE

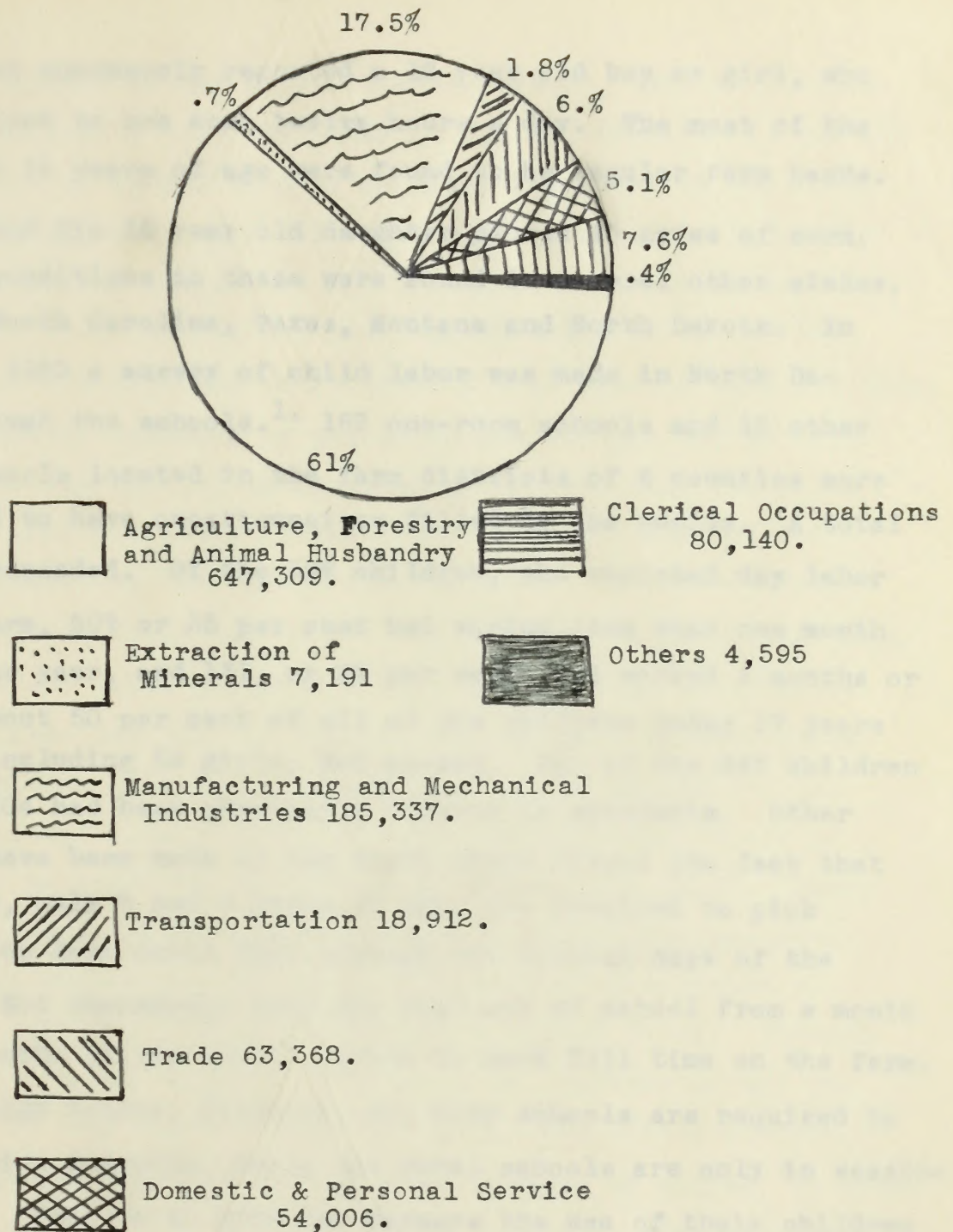
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written about the excessive labor of women and children in the manufacturing industries and as a result we have had legislative enactments but it is only recently that we have been awakened to the fact that there is an equal, if not greater, problem of labor in agriculture. I have mentioned in connection with fatigue the fact that the farmer, as a rule, works about 15 hours a day, but the farmer's wife never gets through working. Her hours are equal to his if not longer. There is no time provided for her own literary, artistic and religious development except possibly on Sundays, nor is there time for the home instruction of children. Very rarely does the farm wife get an annual vacation or if she does it will only be for a period of ten days or two weeks. An annual vacation of one month for the farm wife is almost unheard of. Her work is usually more tedious than that of the farmer and lacking in mechanical convenience. When a man buys the latest and best equipment for the tillage of the land, he does not think it important that his wife have the advantage of such equipment for her work. According to Miss Ward's survey of the northern part of the United States, 79 per cent of the farm women still attend to kerosene lamps, 94 per cent do their own baking, 98 per cent do their own washing and 92 per cent do their own sewing. Much of their work is still done by hand. Only 47 per cent had carpet sweepers. In Iowa Township, Clay County, Iowa, over 50 per cent still relied on the broom. In Miss Ward's entire survey only 15 per cent had power washers, and 67 per cent had washing machines. The other 28 per cent still depended on the old washboard.

61 per cent of the farm women carried water on a average of 39 feet; 56 per cent cared for gardens; 68 per cent made their own butter, and 24 per cent did field work during the busy season. One woman estimated that in 20 years she had carried 2000 tons of water, which is 200,000 pounds a year, 548 pounds a day or 68½ gallons. Only \$50.00 invested in piping would have saved all of that. These details indicate a lack of perspective on the part of the majority of farmers. They have failed to realize that the most important elements in the lives of their wives are not economic but personal and spiritual. Thus, they have been doing, possibly without knowing it, the same thing of which the manufacturers have been accused. They have been subordinating the personalities of their women to economic returns. But far more devastating in its evil effects is the extent to which children have been gainfully employed.

The following figure, taken from Sims' "Elements of Rural Sociology" (P. 196), shows in graphic form the proportion of children between the ages of 10 and 15 employed in agriculture, forestry and animal husbandry as compared with the other principle divisions of occupation. It will be noted that, of the entire population of children gainfully employed in the United States, the agricultural group takes nearly two-thirds of the pie, and the remaining 39 percent is shared by 7 other occupations.

The facts upon which the figure is built were secured by the author from "The Survey." They appeared in a special article by Ellen N. Matthews, Director Industrial Division, U. S. Children's Bureau. The article, entitled "Child Labor at the Fourteenth Census", was published in September 1927, but the census was taken in 1920.

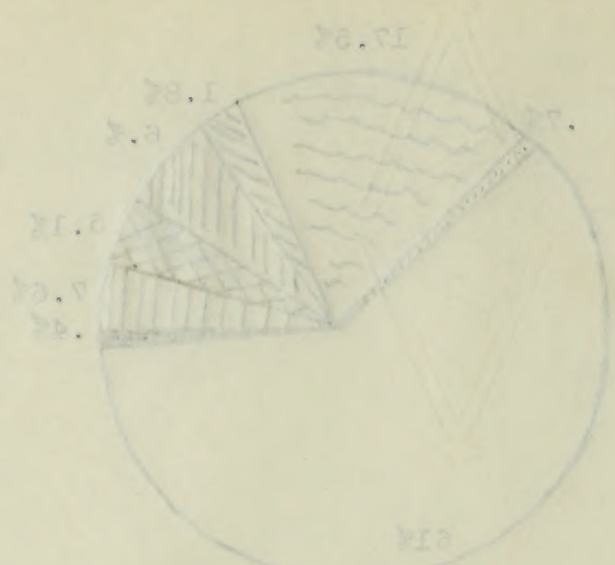
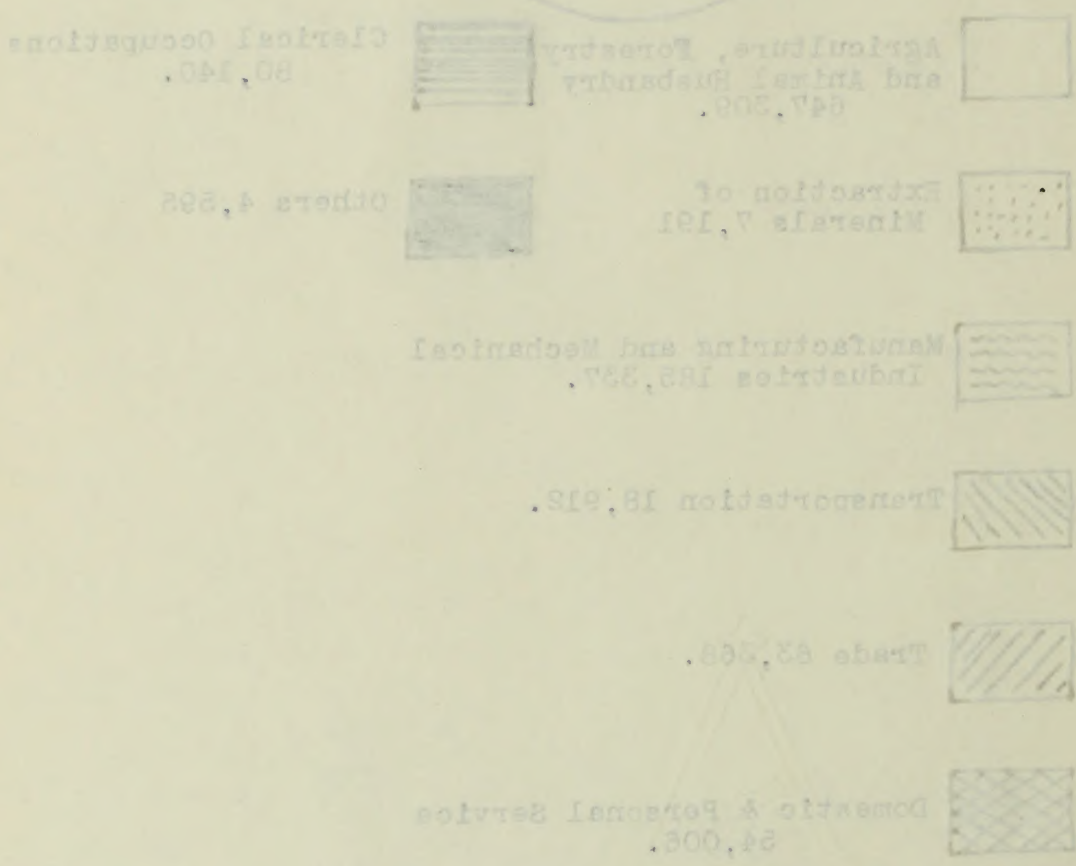


The total number employed according to this census was 1,060,858.

An investigation was made by the National Child Labor Committee of the work of children in West Virginia, which reveals the problem a little more in detail in that section.¹ This com-

1. Sims: Elements of R. Soc. Pp.199-201.

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mittee not uncommonly reported a 12 year old boy or girl, who was required to hoe corn twelve hours a day. The most of the boys over 14 years of age were found to be regular farm hands. One man and his 15 year old daughter plowed 40 acres of corn. Similar conditions to these were found in several other states, such as North Carolina, Texas, Montana and North Dakota. In 1922 and 1923 a survey of child labor was made in North Dakota through the schools.¹ 162 one-room schools and 18 other grade schools located in the farm districts of 6 counties were requested to have questionnaires filled by the pupils. A total of 845 responded. Of the 596 children, who reported day labor on the farm, 207 or 35 per cent had worked less than one month out of the year, and 131, or 22 per cent, had worked 4 months or over. About 50 per cent of all of the children under 17 years of age, including 54 girls, had plowed. Out of the 845 children studied 104 had been physically injured by accidents. Other surveys have been made in the South which reveal the fact that many boys, only 8 and 9 years of age, are required to pick cotton from dawn until dusk through the hottest days of the summer. Not uncommonly they are kept out of school from a month to two months of the school period to work full time on the farm. In Champaign County, Illinois, all city schools are required to hold session 9 months, while the rural schools are only in session 8 months. That is to give the farmers the use of their children during the planting season.

Evil Effects of Child Labor. The evil effects of the exploitation of the delicate personalities of childhood are numerous. It will be sufficient for the purpose of this paper to mention only a few outstanding effects. (1) There are the mental and spi-

1. U. S. Department of Labor, Children's Bureau Publication No. 129, P. 20.

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physical effects. (2) There are the effects on the character and the future of the child. (3) There are the effects on the community and the nation. (4) There are the effects on the economy and the social structure. (5) There are the effects on the health and the vitality of the race.

It is the purpose of this paper to discuss the effects of child labor on the child, the community, and the nation. It will be seen that the effects are numerous and serious, and that the only way to prevent them is to stop child labor.

ritual injuries of overwork. The expression, "All work and no play makes Jack a dull boy", may be old and threadbare, but the truth of it is exemplified in no uncertain terms on the farm. The mental and spiritual life of a child, if it is to unfold into a perfectly integrated and balanced personality, must be creative. Leisure time for play is extremely vital for the child, for his mind and individuality must develop with his body. Not all of the elements of character are wrought out in work and study. In fact, I am inclined to believe that the child acquires more character in his play. At play, with his fertile imagination, the ^{child} dramatizes the attitudes and activities of adults. He finds his heroes and heroines and imitates them, he dreams and makes pictures of his dreams until they become life patterns for him, he creates his own make-believe world, which contains all of the essential elements of adult relationships, and finally when he comes into the real world of adulthood he still has his miniature world as a guide. There must be a chance for competitive and cooperativengames with other boys and girls, for it is through such activities of give and take that the child becomes a social being. Through them he learns to consider others, to be sympathetic and unselfish; to take responsibilities in his own little society. There must be time to seek the first flowers of spring, to watch sunsets, to discover artistic talent in music, sketching or dramatics. There must be time for just living and giving the soul its wings. What happens to the boys and girls who are urged by their parents, as soon as their little backs are strong enough to carry a hoe or a pitch-fork, to spend their days in tedious labor and to cry themselves to sleep at night with a leg-ache? If the work is too heavy, they may become physically deformed, but more often they become mentally deformed. If excessive

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labor is continued, the person involved will become a divided, maladjusted personality, half child and half adult. During the months when he would most enjoy recreation in God's out-of-doors he is cheated out of that privilege. His love for wholesome play and for social life with his friends is suppressed, and as he grows into manhood he looks back upon his earlier years with a feeling of regret and bitterness. As a man he is never quite ready to play his role, for he longs for the things that he has missed in childhood. His life has not only been cheated of social privileges, but it has been dull and stupid without the glamour of romance and adventure.

I do not mean to imply that no child labor has any positive values for the participant. The child should have some definite duties and responsibilities on the farm, for they are both educative^{and} character-building. If the boy, in later years, plans to be a farmer his early training in caring for stock and tilling the fields may be very valuable to him. Therefore, it is not a question of labor or no labor, but of the amount of labor imposed upon the child in proportion to recreation.

Let there be an equitable distribution of work and play with a careful study of the recreational needs of the child. Let the child be an end in itself and not a means to an end. No farmer really realizes the harm he is doing to his child through excessive labor - he does not mean to sacrifice his child for economic gains. As a rule, he is more generous-hearted and sympathetic than the man of the city, but he just needs enlightenment.

(2) There are the physical injuries that come from accidents and too heavy work. Of course, the possibilities of accident are not as great in farm work as in manufacturing or mining, but neither are the possibilities of medical treatment after an accident as great. With the increase of farm machinery there is

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a corresponding increase in accidents, and in the face of the inadequacy of rural medical service, which I have already spoken of in the first chapter, these accidents may often result in fatal infections. Work under unfavorable conditions may also result in rupture, deformation of the bones, hay fever, defective eye sight or hearing. Other physical injuries have already been mentioned in the previous chapter and do not need to be repeated here.

(3) As the result of children being kept out of school for a month or two months of the school year they ^{are} often retarded in their studies. In districts where the rural schools are only in session 7 months, 2 months is almost a third of the entire term. If that absence comes toward the close of the term, which is very often the case, it means that they will fail to be promoted to the next grade. This brings discouragement on the part of both the pupils and parents, which may result in them dropping out of school altogether.

(4) An antagonistic attitude toward farm life is created, which results in an increase of urban migration. The young men, who are best trained for farming, desert that occupation and go to the city, because all they have known of farm life from their early childhood has been druggery. They have ^{not} known the real joys of the country, which are available for everyone if they are only given the opportunity to seek them out.

2. Individualism Versus Socialization. The United States, which was originally subdued by the pioneering efforts of farmers, has long boasted of her "rugged individualism". As the farmers advanced west, laying claim to virgin territory, they soon found themselves isolated from civilization. Transportation and communication were both difficult and dangerous - difficult

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because of the natural barriers of forests, mountains and rivers, and dangerous because of hostile Indians. Consequently, each isolated family became an independent group. They built their own homes, raised their own food and wool, and wove their own clothing. They became masters of whatever situation they found themselves in, and thus was developed in America an element of rural life distinctive to this nation alone: the isolated farmstead. Let us consider its constituents for a moment, and the relation of the whole to individualism.

In the first place, the farmstead is composed of a patriarchal family. The farm family is the oldest institution on earth. For thousands of years men existed in the aggregate of isolated families or wandering tribes before any systematic urban civilization was formed. Before the beginning of the national history of the Hebrews, there was the patriarchal period. The father was head of the household. He was king of that primary group, and, if he was domineering enough, he might become the head of a tribe. He was the lawgiver and the executive. His wife and children must be subject to his will, and this type of autocratic family discipline still persists today. The living of the family in comparative isolation from the larger social groups, their lack of dependence upon them in the past and the managing power of the farmer in the farmstead all have tended to develop individualism in farming as over against socialization. Instead of all of the farmers joining together for the purpose of cooperative buying and marketing, each farmer has tended to make his own farm an independent economic unit that he might compete successfully against his neighbors. Each family is a sort of agricultural corporation in itself in which every member of the family has a special interest. Such a situation has its social values, for it unifies the family

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in one common cause. Their lives are all bound up in the work of the farm. They work together and play together and there grows out of that a sympathy and mutual understanding that is rare in the family of the city where there are distinct divisions of labor and social interests. The conversation around the breakfast table is "shop-talk". They plan the day together. They hold consultations as to how they can best feed and care for the stock and how they may seed and till the land. But right here is where the disadvantage comes in; too much attention is given to producing raw materials and not enough to the possibilities of marketing them. Much of the thought and energy now wasted in flooding the markets could most profitably be expended in organizing farmers' cooperatives and thus controlling the market price as well as the supply. As a rule, the farmers are a conservative group, and this is due to the fact that for generations in this country they have maintained a dominant sense of security. The peaceful atmosphere of the open country, the harmony and good will of their associations with the members of the family and close neighbors and the assurance from year to year of abundant food for their tables have tended to make them quite content with their lot, regardless of the long hours of hard work involved. Then, too, their desire to maintain economic independence as they have always done - to hold their place of individual recognition - has prevented them from making themselves insignificant cogs in a great cooperative machine. The movement for cooperative buying and selling has been under way for nearly two generations, but has made very slow progress. However, there are a number of examples of very successful cooperatives in the Far West. Outstanding among them is the California Fruit Growers' Association, whose power effects the prices of all citrus fruits in the United States.

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But the farmers no longer have abundant food for their tables. At the present time, all sense of security is being undermined, and the problem of insecurity is more pronounced among the farmers than among urban dwellers. Land values have decreased to such an extent that their farmsteads are being taken away from them on every hand by tax-collectors and mortgage-holders. One reason that they are losing their land is because when they are able to market farm products at all they must sell them at a loss. The competition among the wholesalers and other distributing agents is not in the quality of goods but in the slicing of prices. In order to accomplish this they must begin by cutting the prices of the raw materials brought in by the farmers. Because of strong coöperative organizations, the merchants are able to do this, and the farmers, being helpless because of the lack of organization, must take whatever prices are offered. Consequently the farmers are left with no economic protection whatsoever. Their only hope is to organize for cooperative marketing on a nation-wide scale, and thus control the prices of their products.

Lack of Social and Recreational Opportunities. Farming is, perhaps, the most confining of all occupations. I have already referred to the excessive labor of all members of the farm family, and the consequent brief periods[~] of leisure time. On most farms they have^s consider^{able} amount of stock to take care of, including cattle, horses and hogs. If they own sheep, these have to be carefully cared for during the winter months, a period when, otherwise, they should have extra leisure. If the family wishes to go away for the day, even on Sunday, they have to spend from an hour to two hours doing the chores before they start, and return early enough in the afternoon to repeat the same process before nightfall. Even while they are away they may be worried

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Lack of Social and Recreational Opportunities. Farming is, perhaps, the most confining of all occupations. I have already referred to the excessive labor of all members of the farm family, and the consequent brief periods of leisure time. On most farms they have a considerable amount of stock to take care of, including cattle, horses and hogs. If they own sheep, these have to be carefully cared for during the winter months, a period when, otherwise, they should have extra leisure. If the family wishes to go away for the day, even on Sunday, they have to spend from an hour to two hours doing the chores before they start, and return early enough in the afternoon to repeat the same process before nightfall. Even while they are away they may be worried

for fear that some of the stock have broken through the fence and have either gotten out on the road or into the fields of growing grain. Because of the nature of their work, they seldom get out to the recreational gatherings of the local church or community house and their interests are centered too largely with the immediate family.

A number of surveys have been made of the rural homes, in different regions, to determine to what extent rural families make use of such means of recreation and cultural development as musical instruments, literature, games and playground equipment. Either questionnaires have been sent out to the farmers, or they have been interviewed personally. Such surveys are of little value, unless they are right up to date. The findings of a year ago might be quite different from what they would be if a survey were made today. Because of the ever-increasing efficiency in transportation and communication, it can no longer be said that we have a rural society or a rural psychology distinct from the urban. Through the use of the radio, now very prevalent in the country, the billboard and the automobile, the rural people are continually bombarded with advertisements just as urban people are, and the possibility of influence and response is unlimited. About all we can say, regarding such surveys, is that they seem to evidence, overwhelmingly, the fact that the farmer's confining occupation has crushed out to a large extent his taste for the spiritual and the romantic. Very rarely does a farmer have an extensive library. The few books that are found in farm homes are usually of the cheap, popular type. As for periodicals, they often consist of one or two popular story magazines, one farm paper and one daily newspaper. Musical instruments vary in different localities and homes, but are not plentiful. Games, playgrounds, and play equipment - these things are also scarce, but as the far-

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mers become more socialized they will realize the importance of these things for their children. But if these means of recreation are not provided in the homes, the next institution where one should expect to find them is in the school. Most of the rural schools have made a special effort to provide their pupils with good literature, and a considerable number of them are provided with some sort of musical instruments, such as a piano, organ or victrola. The State of Iowa has made a special effort in recent years to provide every one-room school with a phonograph, to teach all pupils singing and help them to an appreciation of the best classical music. Perhaps the greatest need is for playground equipment. In Illinois there is scarcely a school with playground equipment outside the city system, while in North Dakota just the opposite is true. But when one considers a really adequate playground equipment, neither North Dakota nor any other state would come near to the standard of what it ought to be. Thus, having found, both in the rural home and in the rural school, an incompetence to meet the recreational needs of the country youth, there is but one institution to which we can turn. There is but one institution, whose very idealism makes it necessary for it to meet this incompetence with absolute confidence. It is the rural church, and it is this institution in its highest organizational development which we shall consider in the remainder of this paper. To what extent is it meeting this and other social needs that call for its assistance? And to what extent ought it to meet them?

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II.

A SOCIAL WORK PROGRAM FOR THE LARGER RURAL PARISH

CHAPTER III

THE LARGER PARISH AND SOCIAL WELFARE....

What is the relation of the rural church to the community in which it exists? Must its interest be centered in its own lively existence as an institution or in the welfare of **the** people at large? If its interest is in the people, what particular needs must it limit itself to? These questions and others related ones have been raised and adequately answered by the Christian pioneers, who established the more efficient organization of rural churches known as the "Larger Parish Plan". Let us consider in this chapter how they answered them.

1. The Church, the Community and the Meaning of the Full Gospel.

One of those ambiguous platitudes, so often mouthed by evangelists and other pious enthusiasts, is the "full gospel". The expression was usually made with no attempt at explanation, but its meaning has become apparent ~~in~~ through the attitudes of those who used it. The old idea, and the one still held by certain fundamentalists, was that the full gospel was the message of the whole Bible, literally interpreted as the verbal inspiration of God, perfect and complete in itself to meet every human need of every age. This meant that God inspired only the early prophets of the Bible and Jesus, and has inspired no one since the writing of the New Testament. If this is the full gospel, it is certainly not full to overflowing. It is not the fountain of living water of which Jesus said if a man drink he shall never thirst again. The belief in a closed Book often leads to a closed mind and a closed heart. It tends to build walls about the believer and make him unkind and ungenerous to those who sincerely believe that they have received messages from God outside the Bible. Jesus certainly did not take this view of the gospel, and if it was he who gave it, shall we

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not follow him? He had a mastery of the Old Testament that no other man has ever approached, he had a greater love and reverence for it than any other man, and yet it was not to him an infallable book. It could not stand between him and his direct communion with God. The Old Testament was to him the seed of the gospel, but this seed had to grow in human lives, before one could interpret its meaning. God gave it the power and men cultivated and nourished it. Jesus interpreted the Old Testament as he understood the character of God and God's will for men. In fact, his primary interest was not in the book but in the relations of men to God and to each other. As is so clearly brought out in the incident of the feeding of the five thousand, Jesus was interested in meeting every human need. He was to relate men to the loving Heavenly Father in such an intimate and harmonious way that the human family would become the divine family, and the kingdom of God should come on earth as it is in heaven. The realization of such an ideal would mean the transformation not only of individuals but of society. Would Jesus, then, limit all divine inspiration to the Bible? Certainly not. He got inspiration directly from God, and he said, "The things that I do you can do also, and greater things than these shall you do." Again he said, "You are all gods, sons of the Most High." That makes every person a potential prophet, and gives God a chance to reveal Himself to men of all ages.

The full gospel, then, is not the preaching of an infallable Bible. It is first of all a message for the people, and the chief source of it is in the Bible, but not the only source. Another very important source is Godly men and women, who are burning out their lives for the kingdom. The full gospel must be for all lost souls. Its purpose is not only to minister to the spiritual needs of men - to bring them to repentance and in intimate

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relation to the Heavenly Father, but it is to minister ^{to} the whole man, physically, mentally and spiritually. It must bring about a complete adjustment and mental integration of the individual personality. This means that the church, which represents the body of our Lord and, therefore, must bear his full message, has a great and far-reaching responsibility in the community in which it is located. If it is to bring about a complete adjustment of human personality its message must be both individual and social. It must not only make men fit for society but it must make society fit for men. The full gospel, then, means ~~the~~ good news of Christ in its entirety and sincerity, as revealed both in the Bible and in Christian men and women, and as it is applied to meet all of the needs of human welfare. Its purpose is not only to cure but to ~~prevent~~, not only to inhibit but to inspire, not only to destroy ~~the~~ evil but to build the good, ever looking toward the transforming of the human family into the divine wherein all men are brothers and the children of one Father.

2. The Meaning of the Larger Parish. The larger parish plan of church organization and cooperation has come out of a long process of evolution in which rural ministers have sought for effective means of overcoming gigantic difficulties, and the refining fires of experience have just recently revealed to the public eye this significant plan of making Christian service effective in rural communities.

A. How It Came into Being. For a good many years the authorities in the fields of education, economics and sociology have been talking about over-churching in rural districts. Throughout that vast agricultural area of the Middle West, particularly, there is the problem of denominational duplication and ineffi-

relation to the Heavenly Father, but it is to minister the whole man, physically, mentally and spiritually. It must bring about a complete adjustment and mental integration of the individual personality. This means that the church, which represents the body of our Lord and, therefore, must bear His full message, has a great and far-reaching responsibility in the community in which it is located. It is to bring about a complete adjustment of human personality to the message which is both individual and social. It must not only make men fit for society but it must make society fit for men. The full Gospel, then, means the good news of Christ in its entirety and sincerity, as revealed both in the Bible and in Christian men and women, and as it is applied to meet all of the needs of human welfare. Its purpose is not only to cure but to prevent, not only to inhibit but to liberate, not only to destroy the evil but to build the good. It ever looks toward the transfiguration of the human family into the divine wherein all men are brothers and the children of one Father.

2. The Message of the Larger World. The larger world plan

of church organization and cooperation has come out of a long process of evolution in which many ministers have sought for effective means of overcoming gigantic difficulties, and the telling fires of experience have just recently revealed to the world this significant plan of making Christian service effective in rural communities.

A. How It Came Into Being. For a good many years the

ministers in the fields of education, economics and sociology have been talking about over-crowding in rural districts. Throughout that vast unpopulated area of the Middle West, particularly, there is the problem of demonstrational duplication and inefficiency.

ciency. In communities where one church could most effectively carry on the religious and social program needed, there are four or five small denominational churches making a desperate struggle for their existence. In this struggle they inevitably duplicate each other's work. They compete instead of cooperating; they quarrel over doctrine and membership, and as a result the community as a whole does not consider them worthy of financial support. Things go from bad to worse in a financial way. Only a few older members stand by their particular denomination, but they cannot raise enough money to support a resident pastor. They are placed on a circuit with several other churches, cutting down to that extent the demand for ministers, and greatly limiting the services of the pastor in that community. Finally, the circuit proves no longer practical and the church must close its doors. What is the matter with this situation? Christianity has become too strongly institutionalized and dominated by narrow factions. Each denomination, although it may not realize it, has side-tracked its purpose of making people Christians, and is primarily interested in making them Methodists, Presbyterians, or Baptists. The denomination has become an end rather than a means to an end. The leaders of the church are looking inward to the needs of the church, when they ought to be looking outward to the needs of the community. In the service they do render to the community, they are only interested in the spiritual life of certain individuals and not in any sort of community program.

As a result of this inefficiency there were a great many people in every community that were not being reached by the church. They were quite indifferent to its existence. Also, as a result, certain Christian prophets had a larger vision of service for the church. They saw that the small churches needed to join hands across denominational lines, forget their creedal differences,

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and keep ever before them the needs of the entire community. Under the leadership^{of Christ}, in whose spirit they were all united, they must look upon the whole community as their common parish. They must "look out and not in, forward and not backward, up and not down, and lift the load." Feeling the tremendous worth of the Christian message in society, the author has felt for a long time that the institution of the church should be made universal like our public school system. Everyone believes in the public school system. They all accept education, at least an elementary^{education}, as an essential part of one's life. Why should not the church be accepted everywhere with the same degree of confidence? The answer is: it can be, eventually, for that faith and confidence has already been established in certain regions in Maine, where the larger parish plan is functioning. As I have already stated, the larger parish idea cannot be credited to any one man, nor can a date be given when it came into being. It arose gradually and spontaneously, and when it was perfected some one recognized its merits, named it, classified it and published literature concerning it. Nor did it arise in one certain place, but several types of larger parishes arose simultaneously in different parts of the United States. Then after the plan was recognized others followed. One of the first to be organized was the "Larger Benzonia Parish" of Northern Michigan, under the leadership of Rev. Harlow S. Mills.¹

Mills says that the region of Benzonia was especially favorable for the development of a larger parish. His church was situated upon a hill, the highest point of the region, and for fifty years had been the most influential. It was the oldest church in a village of 700 inhabitants, and had a membership of

1. Sims: The Rural Community, P. 692.

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church in a village of 700 inhabitants, and had a membership of

300. His people were loyal and only needed to be inspired and educated to his vision of a larger parish service, ministering to the needs of all of the population of a region of about 120 square miles. After a period of 15 years of wholesome, harmonious service in that village church, the pastor faced the crisis of entering into a field of larger service. A larger church was calling him. He considered the possibility of moving for a long time, but the ties of Christian friendship held him in Benzonia. It was then that he caught a vision of a much larger service that he could render right where he was. The first thing he did was to make a survey of the entire region. He called on every home regardless of whether the people had had any connections with his church or not. He found a welcome everywhere and an interest in his new program, and he also found out the needs. Having acquainted himself with the whole region, he gradually secured the cooperation of all of the church people, who willingly followed the initiative of his particular church in meeting the needs of all of the people in the region. It was in such a manner as this that the larger parish movement arose.

The idea is not new. It was implicit in the old circuit rider system, says Dana,¹ but now it is "rejuvenated, brought up to date, given a new equipment, and a larger usefulness." Even yet the plan is not standardized. Some of the varieties of larger parishes given by Dana are the demonstration parish, the multiple ministry larger parish, the Mansfield plan, the one-man larger parish, the single activity cooperative, the administrative method, and the Seminary laboratory field.

Having considered how the larger parish came into being, we are now ready to define it. Two definitions taken from Dr. Malcolm Dana's pamphlet, "The Larger Parish Plan" (P.7) will suffice:

1. Dana: The Larger Parish Plan, P. 6^a

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Having considered how the larger parish came into being, we are now ready to define it. Two definitions taken from Dr. Mabel Dana's pamphlet, "The Larger Parish Plan" (p. 7) will suffice:

1. Dana: The Larger Parish Plan, p. 6.

"A Larger Parish is a group of churches cooperating together in a common program. It provides an organization and a technique, and may be viewed as an agency for fostering unified church organization and achievement. In principle, the Larger Parish is a piece of organizational machinery developed for the purpose of uniting small and ineffective church units together in a common effort to secure more and better leadership, guidance, and development than the small church can achieve unaided and alone. As a technique, it is a method of unifying more or less homogeneous small church units, which are handicapped by lack of vision, leadership, and means. As an agency, it groups churches together for a definite program of work, and according to possibilities of organization and procedure dictated by local conditions. It makes possible a program suited to the needs of the small church and of the cooperating group of churches."

(M. E. Larger Parish Conference).

"The Larger Parish is a method of rural church administration. The churches of a country section which are naturally thrown together by topography or by trade relationships are formed into a cooperative association by means of which the whole life of the section is served. Resources in leadership and finances are pooled. A Larger Parish Council, composed of elected representatives from each of the neighborhoods, formulates a program, agrees upon a common budget, and becomes the executive agency. Specialists in modern church leadership are employed to develop their fields of activity in each of the parishes as well as in the big events at the center. The Larger Parish engenders the spiritual unity for which Christ prayed. It manifests a new sense of power in the thought and life of a unified people."

(C. C. Haun, Vanderbilt School of Religion,
Nashville, Tenn.)

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B. Its Functions and Ideals. The chief function of the larger parish is to minister to areas of population as well as churches. It attempts to unify areas religiously and socially which already have common interests in occupation and trade. It attempts to awaken in the people of the area a community feeling, and a live interest in community improvement spiritually, socially, and economically. Its objectives are as follows:¹.

1. To save small churches strategically located in rural areas and give them a new mission of service.
2. To promote complete and unified cooperation between churches and denominations under trained leadership for the effective accomplishment of common tasks.
3. To give to small churches the advantage of leaders, who are specialists in their particular field and could not be secured outside the city church except for the larger parish plan.
4. To make possible through a central organization community-wide programs of reform, and to train layman leadership to help carry on the programs.
5. To give to small churches the advantage of a variety of preachers in public worship.
6. To permeate all community and individual service with the dynamic of Jesus Christ, and in every phase of parish activities to promote the ideals of him who prayed, "Thy kingdom come, thy will be done, on earth as it is in heaven". In working with such an efficient system as the larger parish plan, we must never forget that it is only a system and cannot be substituted for a spiritual dynamic. "Our little systems have their day - they

1. Dana: The Larger Parish Plan, P. 40.

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have their day and cease to be", but the dynamic of Jesus Christ in the hearts of men endures from age to fleeting age.

The ideals can best be summarized by refer^{ing} again to Dr. Malcolm Dana's pamphlet. The following are his "Larger Parish Principles", which appear on the front of the pamphlet:

"Town and country realize their interdependence and cooperate in securing for each other equal social, economic and religious privileges.

"Communities, neighborhoods and churches pool their resources so that together they can obtain a ministry, program and equipment which no one of them might get alone.

"People of different races and creeds associate together in a religious fellowship where churches include all and exclude none, and subordinate doctrinal tests to those of Christian discipleship.

"Ministers and peoples formulate and administer plans and programs by means of a Larger Parish Council composed of delegates representing every cooperating neighborhood and church.

"A multiple ministry of trained specialists with a departmental work seek to discover, mobilize, train and use local leadership.

"Service is rendered over areas as well as churches reaching out with a maximum effort to minister to every person living in the open country.

"Selfish interests are forgotten and churches cooperate in putting first the Kingdom of God and His righteousness over the entire countryside."

On the following page is a reproduction of Dana's plan of an ideal larger parish, as presented on page 23. This will serve us as a guide in planning a social work program. Our program must come under the department of the Parish Activities Committee.

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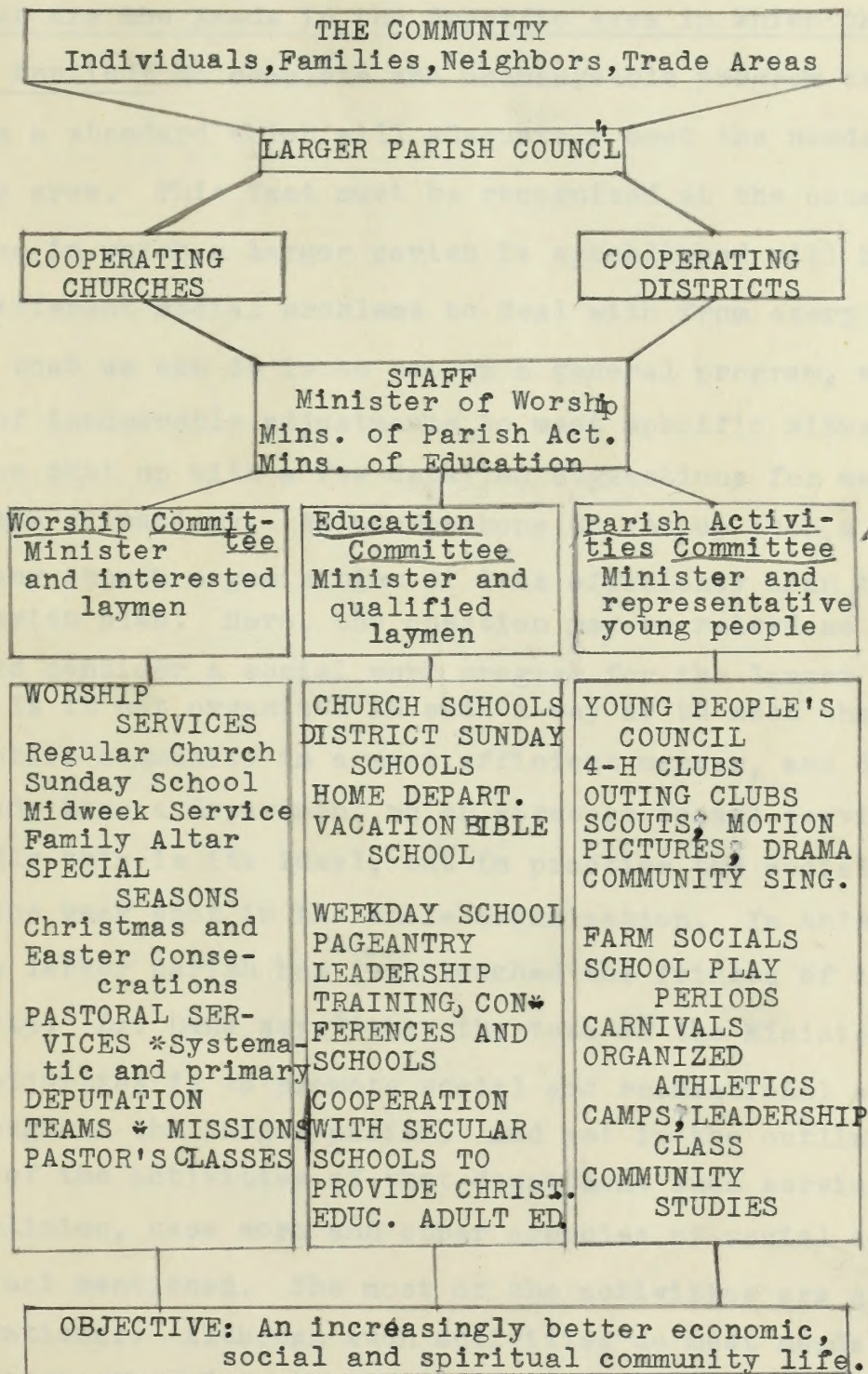
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THE COMMUNITY
Institutions, Families, Neighborhoods, Trade Areas

LOCAL PARTIAL COUNCIL

COOPERATING
DISTRICTS

COOPERATING
CHURCHES

Ministry of Worship
Ministry of Christian Life
Ministry of Education

Young People
Minister and
Ministerial
Council

Minister and
Ministerial
Council

Minister and
Ministerial
Council

YOUTH PEOPLE'S
COUNCIL
4-5 CLUBS
GIVING CLUBS
SOCIETY NOTICE
PARENTS & GRANDPARENTS
COMMUNITY COUNCIL
FARM SOCIETY
SCHOOL PLAY
PARENTS
CARNIVAL
ORGANIZED
ATHLETICS
CAMP LEADERSHIP
CLASS
COMMUNITY
STUDIES

CHURCH SCHOOLS
DISTRICT SUNDAY
SCHOOLS
HOME DEPT.
VARIETY SUNDAY
SCHOOL
WEDNESDAY SCHOOL
PARENTS
LEADERSHIP
TRAINING COUNCIL
PARENTS AND
SCHOOLS
COOPERATION
WITH SUNDAY
SCHOOLS TO
PROVIDE CHRISTIAN
STUDIES

WOMEN'S
SERVICES
Regular Church
Sunday School
Midweek Service
Family After
SCHOOL
SEASONS
Christmas and
Easter Concerts
Pastoral Care
VOCAL SYSTEMS
etc and private
DEPUTATION
TEAM - MISSION
PASTORAL CARE

OBJECTIVE: An increasingly better economic,
social and spiritual community life.

CHAPTER IV

THE CONSTRUCTION OF A SOCIAL WORK PROGRAM

1. What are the Needs in the Specific Area in Which the Program is to be Applied? No complete and unchangeable program can be set up as a standard which will adequately meet the needs of any and every area. This fact must be recognized at the outset, for every area in which a larger parish is established will have a little different social problems to deal with from every other. The best that we can do is to set up a general program, which is capable of innumerable adjustments to meet specific situations, and follow that up with a few detailed suggestions for meeting very common situations. We cannot hope to set up such a program in any church organization of less efficiency than the larger parish plan. Here, the question may be raised as to why one should consider a social work program for the larger parish at all. Is it not organized in such a way as to meet the needs of the entire community in a most efficient manner, and does it not already have a department which stresses social service? Undoubtedly this is its ideal, but in practice the social program is the weak spot in the whole organization. In this field the larger parish has just touched the fringes of its great opportunity. Dr. Dana says¹ that the task of the Minister of Parish Activities is to promote social and recreational activities throughout the larger parish. And yet in the outline that he gives of the activities of that department such services as medical clinics, case work and other agencies of social adjustment are not mentioned. The most of the activities are esthetic and recreational. Although such activities do meet needs that are important, they do not meet nearly all of the needs that could be met through an adequate social program. In general, rural

1. Dana: The Larger Parish, P. 26.

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people need adjustment in the solving of the problem of contagious diseases, ~~in~~ the problem of sanitation, lighting, health service, health information and enlightenment, the care of the teeth, prenatal care, child care, child labor, the gainful employment of women, and cooperative marketing. Other problems needing adjustment are not distinctly rural, but are just as important in the country as in the city. Such are disintegrated personalities, socially maladjusted individuals and mental conflicts. Statistics show that over 50 per cent of the hospital beds in the United States in 1920 were occupied by patients with mental diseases. What a challenge that ~~is~~ to the Church of Jesus Christ whose business it is to minister to sick souls.

2. The Initiative Function of the Larger Parish. In the larger parish, perhaps, more than in any other Christian organization, stress is given to the training of lay leadership. Its function is largely initiative. It educates, awakens, and stimulates wholesome attitudes and activities on the part of the people who constitute the community. It ~~awakens~~ in individuals potentialities which they knew not of, and brings them to fruition. Not only does the parish develop individual talent, but it also points to agencies that are available for community improvement, if the people will only reach out and get them. That element is most important in the department of Parish Activities under which we shall set up our program.

3. The General Program of Health Service. If one is to stimulate a community to a live interest in public health, improved sanitation and hygiene, he must begin with the children. Perhaps there is nothing that touches the hearts of men and women so deeply as the thought of a suffering child. Give them the facts concerning the ravages of disease upon their children, and they will rise up to fight this enemy of mankind. According to the latest

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statistics in the United States, whooping cough is a very common cause of death among very small children. This, then, is a common situation which must be dealt with in practically every rural community. Most farmers believe that this is one of those diseases that every child has to take and the sooner he goes through with it the better. They should be informed by the Minister of Parish Activities that this is a false notion. Their children do not have to take any disease. If they are careful about contagion, and if their children are given the best of care from the beginning, these children should be able to resist diseases altogether. If it is found necessary, and at the same time possible, the parents should^{be} furnished literature from the State Department of Public Health or some other reliable source. Much health literature is distributed free of charge, and none of it is very expensive. Literature should be distributed on child diseases, child care, diets for children and the care of the teeth. Some of the pamphlets published by the Massachusetts Department of Public Health are "First Teeth", "Diet for Children", "Child Care, One to Six". Some inexpensive pamphlets and leaflets about child care from one to six years may be secured from the following organizations:

The Children's Bureau,
U.S. Department of Labor
Washington, D. C.

The American Child Health Association
450 Seventh Avenue
New York, N. Y.

The Child Study Association of America
54 West 74th Street
New York, N. Y.

Health hints may be given to older children through the Boy Scouts, 4-H Clubs, Girl Scouts or other similar organizations. One of the "Community Studies" suggested under Parish Activities might be the study of "The Children's Charter", the constitution of rights for every American child, which was drawn up by Hoover's White House Conference on Child Health and Protection. In the published report

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the following statement was made concerning "The Children's Charter": "The foundation of the Charter lies in the first and last paragraphs: That 'the rights of the child' are recognized as 'the first rights of citizenship'; and that these rights are 'for every child, regardless of race, or color or situation, wherever he may live under the protection of the American flag'. This is a recognition that only as we push our democracy back to the very starting point - beginning with children - do we approach the true ideal of democracy." The endorsement of Herbert Hoover is more applicable to our situation. He says, "Children are our most precious possession. The Children's Charter was written by 3,500 experienced men and women, after many months of study. It condenses into few words the fullest knowledge and the best plans for making every child healthier, safer, wiser, better and happier. These plans must be constantly translated into action. Fathers and mothers, doctors and teachers, the churches and the lay organizations, the officers of government in the states and counties and towns, all have one common obligation - to advance these plans of better life for the children. I urge upon you an even larger interest in it." These plans for the welfare of the child, that Hoover speaks of, are both scientific and thorough, and should be carefully studied and followed by every larger parish staff. The Charter includes spiritual and moral training, safeguarding individuality, security and home care, maternal and infant care, health protection and promotion, a wholesome home, school and community environment, individual education and vocational guidance, rights for handicapped children, economic security, protection against child labor, and the rights of rural children. If the principles of this Charter were carried into effect for both children and adults all human needs would be met. The fact that rural children were given special attention indicates the importance of their needs.

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It says, "For every rural child as satisfactory schooling and health services as for the city child, and an extension to rural families of social, recreational, and cultural facilities."

Having approached the health problem from the standpoint of the children, it is then easy to proceed to the general health of the community in the "Community Studies". Hygiene, sanitation, and the causes of disease infection may be considered to such an extent that the layman will know how to deal with disease more or less intelligently. Then a health inspection trip, composed entirely of laymen, might be instituted, and the whole community could be observed with regard to sanitation, lighting, screening, etc. After that a contest might be put on offering a prize to the farmer, who could develop the most healthful farmstead. Whatever progress the community made in health improvement should be acknowledged and advertized. Dr. Malcolm Dana ~~ma~~ makes the statement, on page 26 of his pamphlet, that while the first two members of the Larger Parish Staff should be college and seminary trained men, the third is often a student or Y.M.C.A. worker trained in social, recreational and athletic lines. The latter is the Parish leader of this important field of social service. It is a tremendous task for a student or Y.M.C.A. worker, and it is my guess that such a person will soon ~~that~~ discover that he is very much handicapped. His job is as important and as challenging as that of either of the other ministers, and he, too, should have a college and seminary training. In college he ought to have at least one general course in bacteriology, one in hygiene, and one in physiology along with his regular course, and as we shall see later he ought to take as much social ethics as he can get in seminary. Then he will be fully prepared to carry out the plans suggested in this paper.

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and even following the good health campaign, there is sure to be some sickness. Almost any of the common diseases might break out, people will go on having accidents and serious injuries, and all of these things demand medical attention. Therefore, if there is no health organization in the community already established, one must ~~must~~ be formed, and if the existing one is not wholly adequate, it must be supplemented by the Larger Parish. The sick must have doctors and nurses from some source. Some of the larger parishes already have their own traveling clinics, medical and dental, but such services inaugurated by the parishes themselves are just beginning. Eventually it is hoped that there may be an additional member added to the Larger Parish Staff, a medical missionary, but in the meantime those who know anything at all about the art of healing will have to do the best they can.

4.4. "Case Work Evangelism." The title of this section is also the title of a book by Dr. Charles Reed Zahniser of Boston University. I take it because it gives me just the approach that I need for suggesting the church's task in the social maladjustments of rural people. "Case work evangelism" attempts to save the whole man regardless of what his background is, and regardless of whether he ever comes near the place of worship or not. Wagner in his "Rural Evangelism" says that "the work of evangelism is to get men converted; to get the social order in which they live converted; to get converted men actually employed in the effort to save the world."² That is a pretty full program, but such a program is really necessary to save a man and keep him as a citizen of the Kingdom of God. The same author gives an example of a boy fifteen years^{of age}, converted at the altar of his church, who came out of a most unfavorable environment. His father was a drunkard and blackguard, his mother was both a drunkard and a

2. Wagner, James Elvin: Rural Evangelism, Methodist Book Concern, 1923.

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a boy fifteen years, converted at the altar of his church, who came out of a most unfavorable environment. His father was a drunkard and blackguard, his mother was both a drunkard and a

prostitute, his older brother was a genuine tough, and his older sister was a prostitute like her mother. The boy was converted in the church, but what chance did he have? Fortunately, the author knew the whole situation. He knew that if the boy went home after his conversion he would find it extremely hard to live a Christian life. He might even be threatened with murder by one of his ruthless kind. Therefore, the author took the boy home with him, and kept him until he could place the boy in a fine Christian home. Later he succeeded in getting the boy legally adopted. When the boy grew to manhood, he entered one of the theological seminaries of the Methodist Church to prepare himself for mission work in China. Evangelism, then, must take into consideration more than just the individual. At the present writing, one might be able to so influence a farmer that he would give his heart to Christ and find fellowship with him. That dynamic would be a great integrating force in his personality, but it would not keep him from starving to death. It is not enough to save individual farmers, the whole rural population must be saved from economic ruin. The whole rural society must be converted to the idea of cooperative marketing and demand a price for their products that will yield them a financial gain rather than a loss.

But to get a clearer idea of "case work evangelism", let us turn to Dr. Zahniser's definition. The definition, as the words, imply, includes both case work and what is commonly called evangelism. First, his definition of case work is: "A program of service to individuals or families, based on scientific principles and undertaking to help them out of their troubles and into wholesome living."¹ Case work is concerned primarily with the in-

1. Zahniser: Case Work Evangelism, P. 31-32.

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dividual, but with the whole personality of the individual. It attempts to bring about a complete adjustment between the individual and his social and natural environments, particularly the social. This may mean changing the environment, but more often it means changing the individual. In "case work evangelism" the values of case work are combined with the dynamic of personal evangelism. Dr. Zahniser says that the combination differs from what is commonly called personal work "in a number of particulars such as the following: First of all, it begins, as does social case work, with diagnosis. The whole program is built on a careful study of the life to be helped".¹ In other words, it does not approach a stranger with a set formula of procedure, and assume that all sinners must be dealt with just alike. It is not a hasty process, but undertakes to understand the person well enough to make a natural approach to the question of his relation to Jesus Christ. Finally, Dr. Zahniser says, that "case work evangelism" differs from personal work "in that it involves the whole of life,"² and it is this characteristic which makes it the means of approach to certain social needs in rural life that have scarcely been touched upon before. There are many cases of maladjusted lives in the country. People, who work 13 to 14 hours a day and never get a vacation, people who are so confined to farm work that they have practically no recreation and very little variety in life. Such confinement causes fatigue, fatigue causes family friction, friction causes despondency, and despondency may, if no adjustment is made, cause mental disintegration. The loneliness of the farm often causes neurosis. Insanity is more

1. Zahniser: Case Work Evangelism, 35-36.

2. " " " " 38.

prevalent in the country than in the cities, not because more people go insane on the farm, but because the cases of insanity are not discovered and placed in institutions. If left at large, the more intelligent of the feeble-minded will marry, reproduce their kind and thus pour out into society a race of mental and moral degenerates. These greatly hamper the building of the Kingdom of God. If there is a Christian leader in the larger parish, who has some knowledge of social case work and personal evangelism, he will be able to deal with the great variety of maladjusted lives. There are two types of persons to be dealt with in "case work evangelism". They are those persons who have had some kind of religious background, and those that have not had any - those whose environment has been entirely unChristian. The former group would be the responsibility of the Minister of Worship or the Minister of Education, but the latter type requires careful case work under the direction of the Minister of Parish Activities in social service.

5.4. Group Work Evangelism. If "case work evangelism" means the saving of the whole individual, then group work evangelism means the saving of the whole group. One of the most effective organizations for building Christian character in a group is the Boy Scouts. Programs of partial evangelism may be carried out in many other organizations. Group work is already doing a great service in the larger parish. Through them new ideals, attitudes and interests are established which are very wholesome, but there is one suggestion for the solving of an immediate need that might serve at this particular time. During the depression there are some 29 states that have organized exchange associations whereby each individual within an association offers the services or the commodities that he has in exchange for others that he needs. The associations are composed of doctors, dentists, grocers, clothing

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merchants, barbers, mechanics, carpenters, painters, farmers and others. Each of these either has commodities or services to exchange. These are put on file at the central office of the association with the names and addresses. When the mechanic has a bad tooth and he finds that the dentist needs to have his car repaired, he agrees to repair it in exchange for dental work, and this process continues in its many variations. Some exchanges carry on by pure bartering, and others use script as a means of exchange. The script is a slip of paper with words printed on it to this effect: "Pay to the order of the bearer one dollar", and with spaces marked off for trade stamps. One type of script has spaces for 36 three-cent stamps. Each person receives it as the purchasing power of one dollar, places a three-cent stamp on it and passes it on. When it has passed through 36 hands it carries a corresponding number of stamps and may then be redeemed for a dollar in cash. The extra eight cents, paid out for stamps, ^{are} ~~is~~ supposed to pay for the cost of printing the script. It should be a simple matter to organize such an exchange in any unified community such as we find in the larger parish plan. The idea of the exchange might be introduced at one of the farm socials, suitable officers elected, and an exchange office opened. This would do a great deal to relieve the present economic distress. Cooperative marketing has already been mentioned, but not discussed in detail. This is a project too complex for the church to do much with it. The best the parish can do is to cooperate with the Grange, the Farm Bureau and other important farm organizations, and use its influence in what ever way it can to stimulate interest.

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6. Follow-up Work and Checking Results. Evangelism is more than bringing individuals in right relationship to God and to society. It is keeping them in those relationships. Scientific accuracy comes from checking one experiment against another - running duplicate tests. The same thing is true of the various social experiments that are being carried on all of the time. Human beings are subject to the influences of innumerable stimuli. They change their minds, they back-slide, they pause between two opinions, and because of individual differences and the great variety of human experiences, the social worker has to keep altering his procedure in the treatment of maladjusted lives. Therefore, he must always be ready to admit his mistakes and readjust his program. Surveys have to be repeated in order to see the progress that is being made toward community betterment, and records should be kept of the results.

7. Cooperation with Other Specialized Institutions. In all kinds of social work there are opportunities to cooperate with institutions. The Education Committee finds opportunities to cooperate with the public schools. Sometimes this is the most *effective* type of service that can be rendered. For instance, in the case of a health organization, if the larger parish could influence a fairly large area to raise money through taxation, and cooperate with the Federal Government, they could have the benefit of the United States Health Service, which is a very effective service. If this is not possible the parish might secure literature and helpful suggestions from hospitals, clinics, and doctors in neighboring towns. If there happens to be a social welfare organization in the community, difficult problem cases should be reported to it. In all things the larger parish should work harmoniously with every possible agency for good that God's Kingdom may come on earth, and that the community may be strangely warmed and transformed by the Spirit of Jesus Christ.

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CHAPTER V

THE CORRELATION OF THE SOCIAL WORK PROGRAM WITH THE OTHER DEPARTMENTS OF THE LARGER PARISH

The three departments of the larger parish are of equal importance, and there should be no subordination of one Minister to another. Each is a specialist in his particular field, but all are working together for God. The Ministers are accustomed to meeting frequently together, having prayer, and discussing plans in order that their work may not be duplicated. When each Minister discovers in his work a problem, which can more adequately be handled in another department, he turns it over to the specialist best fitted to take care of it. The lay leaders are to carry on their work on the same plan. As for the new elements of the social work program, such as health service and social case work, each of these services will find problems which can best be handled in another department. There are some phases of health education, which can best be handled in the education department. And certain case problems can be wisely turned over to the Minister of Worship. It is well for all Ministers to stress the spiritual side of their work that they may not become lost in machinery.

SUMMARY OF THE THESIS

In the foregoing chapters I have attempted to present the outstanding social needs of rural life in the United States, and to construct a social program in the larger parish plan that would meet those needs. I first considered the general health conditions, and found that, although the mortality statistics for the whole registration area of the United States showed a slightly lower death rate in rural districts, the states with a lower urban death rate were increasing in number from year ^{to year} until the ~~the~~ statistics of 1929 showed 35 states with a lower urban death

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In the foregoing chapters I have attempted to present the outstanding social needs of rural life in the United States, and to construct a social program in the larger parish plan that would meet these needs. I first considered the general health conditions, and found that, although the mortality statistics for the whole nation show a slight decrease, the statistics of the United States showed a slight increase. In rural districts, the states with a lower urban death rate were increasing in number from year to year. The statistics of 1929 showed 25 states with a lower urban death

rate. This indicated that the vitality of the country over a period of years was practically at a standstill, while the vitality of urban populations was rapidly increasing. The causes of low rural vitality were found to be fatigue, lack of leisure time, lack of sanitation, poor lighting and ventilation, ignorance of the causes of disease, and the scarcity and inefficiency of medical service.

Second, I considered the social ills of rural life, particularly the child labor problem, and the individualistic psychology of the farmer. According to the fourteenth census, taken in 1920, 61 per cent of all the children between the ages of 10 and 15, ~~which~~ ^{who} were gainfully employed in the United States, were in the occupations of agriculture, forestry and animal husbandry. The evil effect of child labor were found to be physical injuries, deprivation of the rights of friendships and recreation, and retardation in school. The individualistic psychology of the farmer was found to be the greatest hindrance to the development of a unified community life, and the organization of cooperative marketing throughout the nation.

The second part of my thesis deals with the larger rural parish and the possibility of setting up an adequate social program under one of the departments of this organization. In the third chapter a brief description is given of the larger parish and its relation to social welfare. It is approached from the standpoint of the Christian message. The larger parish is founded on the assumption that the "full gospel" is the complete message of Jesus Christ and his loyal followers, whether it be found in the Bible or in the spiritual revelation of Christian men and women, and its message is sufficient to meet all of the needs of men, individually and socially. From the message I proceed to the meaning of the organization, its gradual incuba-

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tion, birth, functions and ideals. The two main principles upon which the larger parish is founded are: (1) To minister to areas as well as churches and thus carry on a unified community program, and (2) To overcome the difficulties and inefficiencies of small, competing denominational churches.

The fourth chapter attempts to deal with the real problem of the thesis, the construction of an adequate program to meet the social needs. At the outset it must be said that such a program must be in general terms and subject to alterations in meeting specific situations, for every community will be a little different. But definite phases of social service can be added to the incomplete social program in the department of Parish Activities. The social service of the larger parish is a tremendous task, and the Minister of Parish Activities should be as thoroughly trained as the other Ministers. The new phases of social service that are very necessary to meet the needs are health service and social case work. The specialist in charge of such services should be trained in courses of social ethics, especially social case work, and general courses in bacteriology, physiology, and hygiene. He should approach his task with a thoroughly scientific attitude, always being humble enough to admit his own mistakes and adjust his methods accordingly, and, at the same time, he should never lose that intimate touch with the dynamic personality of Jesus which keeps life aglow with meaning and abiding faith.

The last chapter deals with the correlation of the social work program with the other functions of the larger parish. It shows how all are "one body in Christ Jesus".

tion, birth, functions and ideals. The two main principles upon which the larger parish is founded are: (1) To minister to areas as well as churches and thus carry on a unified community program, and (2) To overcome the difficulties and limitations of small, congested denominational churches.

The fourth chapter attempts to deal with the real problem of the future, the construction of an adequate program to meet the social needs. At the outset it must be said that such a program must be in general terms and subject to alteration in meeting specific situations, for every community will be a little different. But definite phases of social service can be added to the income of the social program in the department of parish activities. The social service of the larger parish is a tremendous task, and the Minister of Parish Activities should be as thoroughly trained as the other Ministers. The new phases of social service that are very necessary to meet the needs are health service and social case work. The specialist in charge of such services should be trained in courses of social ethics, especially social case work, and general courses in bacteriology, physiology, and hygiene. He should approach his task with a thoroughly scientific attitude, always being humble enough to admit his own mistakes and adjust his methods accordingly, and, at the same time, he should never lose that intimate touch with the dynamic personality of Jesus which keeps his action with meaning and abiding faith.

The last chapter deals with the correlation of the social work program with the other functions of the larger parish. It shows how all are "one body in Christ Jesus."

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APPENDIX

ADDITIONAL SUGGESTIONS FOR A PERMANENT SOCIAL PROGRAM

In addition to the social program suggested by Malcolm Dana the following items should be added:

MEN'S MUSICAL CLUBS
(Orchestra or glee club)

VACATION CAMP ORGANIZATIONS
FOR FARM WIVES

TRAVELING LIBRARIES FOR
REMOTE DISTRICTS
(Cooperating with State Library
church boards & conventions)

INDIVIDUAL CASE WORK AND FAMILY
CASE WORK

NEUROTIC AND PSYCHIATRIC CLINIC

MEDICAL AND DENTAL CLINIC
OR

A COMMUNITY HEALTH ASSOCIATION
(See page 14, ~~EP~~ Paragraph 2, "Altura")
OR

A MEDICAL MISSIONARY WITH CLINICAL
CONNECTIONS

ENDOWED HOSPITAL BEDS

This additional program, however, will not fit into every situation. With the great variety of recreational activities the attempt is made to get the farmers to break away from excessive labor and enjoy more wholesome leisure. It also helps to convert them from an attitude of extreme individualism to one of whole-hearted cooperation. This is the first step in the movement toward cooperative marketing. In a number of the states

APPENDIX

ADDITIONAL SUGGESTIONS FOR A PERMANENT SOCIAL PROGRAM

In addition to the social program suggested by Helen M. Davis

the following items should be added:

WOMEN'S MUSICAL CLUB
(Orchestra or like club)

VACATION CAMP ORGANIZATIONS
FOR FARM WIVES

TRAVELING LIBRARIES FOR
REMOTE DISTRICTS
(Cooperating with State Library
church boards & conventions)

INDIVIDUAL CASE WORK AND FAMILY
CASE WORK

NEUROLOGIC AND PSYCHIATRIC CLINIC

MEDICAL AND DENTAL CLINIC

OR
A COMMUNITY HEALTH ASSOCIATION
(See page 14, Appendix 2, "Albany")

OR
A MEDICAL MISSIONARY WITH CLINICAL

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ENDOWED HOSPITAL FUNDS

This additional program, however, will not fit into every situa-

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ment toward cooperative marketing. In a number of the states

summer camps are provided for farm wives. To these camps they go to take their vacations, some for a week, some for a month. For that period of time the cares of the farmstead are forgotten and they enjoy complete rest and refreshment. In some cases the counties provide these camps and in other cases the states provide them. Information may be secured through the Farm Bureau.

One of the paramount problems of civic life is the problem of delinquency. I have purposely left this out of the main body of my thesis, because it is not distinctly rural. In fact it is largely the concern of the city, and when the city has found a satisfactory solution the rural district will fall in line. Furthermore, a full program of worship, religious education, recreation, case work, and public health ought to be sufficient means, both to prevent, and to discourage delinquency and crime.

The following are the "Minimum standards for child Welfare adopted by the Washington and regional conferences of child welfare, 1919." I quote from pages 4, 5, 7, 8, 9 and 10 of Conference Series No. 2, U. S. Department of Labor.

"MINIMUM STANDARDS FOR CHILDREN ENTERING EMPLOYMENT"

"Age minimum. An age minimum of 16 for employment in any occupation, except that children between 14 and 16 may be employed in agriculture and domestic service during vacation periods until schools are continuous throughout the year.

"An age minimum of 18 for employment in and about mines and quarries.

"An age minimum of 21 for girls employed as messengers for telegraph and messenger companies.

"An age minimum of 21 for employment in the special-delivery service of the U. S. Post Office Department.

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graph and messenger companies.

"An age minimum of 21 for employment in the special-delivery serv-

ice of the U. S. Post Office Department.

"Prohibition of the employment of minors in dangerous, unhealthy, or hazardous occupations or at any work which will retard their proper physical or moral development.

"Educational minimim. All children between 7 and 16 years of age shall be required to attend school for at least 9 months each year.

"Children between 16 and 18 years of age who have completed the 8th but not the high-school grade and are legally and regularly employed shall be required to attend day continuation schools at least eight hours a week.

"Children between 16 and 18 who have not completed the eighth grade or children who have completed the eighth grade and are not regularly employed shall attend full-time school. Occupational training especially adapted to their needs shall be provided for those children who are unable because of mental subnormality to profit by ordinary school instruction.

"Vacation schools placing special emphasis on healthful play and leisure time activities shall be provided for all children.

■ "Physical minimum. A child shall not be allowed to go to work until he has had a physical examination by a public-school physician or other medical officer especially appointed for that purpose by the agency charged with the enforcement of the law, and has been found to be of normal development for a child of his age and physically fit for the work at which he is to be employed.

"There shall be annual physical examination of all working children who are under 18 years of age.

"Hours of employment. No minor shall be employed more than 8 hours a day or 44 hours a week. The maximum working day for children between 16 and 18 shall be shorter than the legal working day for adults.

"Protection of the employment of minors in dangerous, unhealthy, or hazardous occupations or in any work which will retard their proper physical or mental development.

"Compulsory education. All children between 7 and 16 years of age shall be required to attend school for at least 12 weeks each year.

"Children between 10 and 12 years of age who have completed the 8th but not the high-school grade and are healthy and regularly employed shall be required to attend day continuation schools at least eight hours a week.

"Children between 12 and 16 who have not completed the eighth grade or children who have completed the eighth grade and are not regularly employed shall attend full-time school. Vocational training especially adapted to their needs shall be provided for those children who are unable because of mental subnormality to profit by ordinary school instruction.

"Vacation schools placing special emphasis on recreational play and leisure time activities shall be provided for all children.

"Physical minimum. A child shall not be allowed to do so-called work if he has had a physical examination by a medical officer, physician or other medical officer especially appointed for that purpose by the agency charged with the enforcement of the law, and has been found to be of normal development for a child of his age and physically fit for the work at which he is to be employed.

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"Hours of employment. No minor shall be employed more than 8 hours a day or 44 hours a week. The maximum working day for children between 12 and 16 shall be shorter than the local working day for adults.

"The hours spent at the continuation schools by children under 18 years of age shall be counted as part of the working day.

"Night work for minors shall be prohibited between 6 p.m. and 7 a. m.

"Minimum wage. Minors at work shall be paid at a rate of wages which for full-time work shall yield not less than the minimum essentials for the "necessary cost of proper living, as determined by a minimum wage commission or other similar official board." During a period of learning they may be rated as learners and paid accordingly. The length of the learning period should be fixed by such commission or other official board, on educational principles only.

"Placement and employment supervision. There shall be a central agency which shall deal with all juvenile employment problems. Adequate provision shall be made for advising children when they leave school of the employment opportunities open to them, for assisting them in finding suitable work, and providing for them such supervision as may be needed during the first few years of their employment. All agencies working toward these ends shall be coördinated through the central agency."

"MINIMUM STANDARDS FOR PUBLIC PROTECTION OF THE HEALTH OF MOTHERS AND CHILDREN"

MATERNITY.

"1. Maternity or prenatal centers, sufficient to provide for all cases not receiving prenatal supervision from private physicians. The work of such a center should include:

- (a) Complete physical examination by physician as early in pregnancy as possible, including pelvic measurements, examination of heart, lungs, abdomen and urine, and the taking

"The hours spent at the construction schools by children under 16 years of age shall be counted as part of the working day. Night work for minors shall be prohibited between 6 p.m.

and 7 a.m.

Minimum wage. Minors at work shall be paid at a rate of wages

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ment. All agencies working toward these ends shall be coordinated

through the central agency."

"MINIMUM STANDARDS FOR PUBLIC PROTECTION OF THE HEALTH OF WOMEN AND CHILDREN"

MATERNITY.

"1. Maternity or prenatal centers, sufficient to provide for all

cases not receiving prenatal supervision from private physicians.

The work of such a center should include:

(a) Complete physical examination by physician as early in

pregnancy as possible, including pelvic measurements, exami-

nation of heart, lungs, abdomen and urine, and the taking

of blood pressure; internal examination before seventh month in primipara; examination of urine every four weeks during early months, at least every two weeks after six months, and more frequently if indicated; Wassermann test whenever possible, especially when indicated by symptoms.

(b) Instruction in hygiene of maternity and supervision throughout pregnancy, through at least monthly visits to a maternity center until end of six months, and every two weeks thereafter. Literature to be given mother to acquaint her with the principles of infant hygiene.

(c) Employment of sufficient number of public health nurses to do home visiting and to give instruction to expectant mothers in hygiene of pregnancy and early infancy; to make visits and to care for patient in puerperium; and to see that every infant is referred to a children's health center

(d) Confinement at home by a physician or a properly trained and qualified attendant, or in a hospital.

(e) Nursing service at home at the time of confinement and during the lying-in period, or hospital care.

(f) Daily visits for five days, and at least two other visits during second week by physician or nurse from maternity center.

(g) At least ten days' rest in bed after a normal delivery, with sufficient household service for four to six weeks to allow mother to recuperate.

(h) Examination by physician 6 weeks after delivery before discharging patient.

of blood pressure; internal examination before seventh month in
primipara; examination of urine every four weeks during early
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(d) Confinement at home by a physician or a properly trained
and qualified attendant, or in a hospital.

(e) Nursing service at home at the time of confinement and
during the lying-in period, or hospital care.

(f) Daily visits for five days, and at least two other visits
during second week by physician or nurse from maternity
center.

(g) At least ten days' rest in bed after a normal delivery, with
sufficient household service for four to six weeks to allow
mother to recuperate.

(h) Examination by physician 6 weeks after delivery before dis-
charging patient.

"Where these centers have not yet been established, or where their immediate establishment is impracticable, as many as possible of the provisions here enumerated should be carried out by the community nurse, under the direction of the health officer or local physician.

"2. Clinics, such as dental clinics and venereal clinics, for needed treatment during pregnancy.

"3. Maternity hospitals, or maternity wards in general hospitals, sufficient to provide care in all complicated cases and for all women wishing hospital care; free or part-payment obstetrical care to be provided in every necessitous case at home or hospital.

"4. All midwives to be required by law to show adequate training, and to be licenced and supervised.

"5. Adequate income to allow the mother to remain in the home through the nursing period.

"6. Education of general public as to problems presented by maternal and infant mortality and their solution."

"INFANTS AND PRESCHOOL CHILDREN"

"1. Complete birth registration by adequate legislation requiring reporting within three days after birth.

"2. Prevention of infantile blindness by making and enforcing adequate laws for treatment of eyes of every infant at birth and supervision of all positive cases.

"3. Sufficient number of children's health centers to give health instruction under medical supervision for all infants and children not under care of private physician, and to give instruction to

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not under care of private physician, and to give instruction to

mothers in breast feeding and in care and feeding of children, at least once a month throughout first year, and at regular intervals throughout ^{pre-}school age. This center to include a nutrition and dental clinic.

"4. Children's health center to provide or to cooperate with sufficient number of public-health nurses to make home visits to all infants and children of preschool age needing care - one public-health nurse for average general population of 2000. Visits to the home are for the purpose of instructing the mother in -

(a) Value of breast feeding.

(b) Technic of nursing.

(c) Technique of bath, sleep, clothing, ventilation, and general care of the baby, with demonstrations.

(d) Preparation and technique of artificial feeding.

(e) Dietary essentials and selection of food for the infant and for older children.

(f) Prevention of disease in children.

"5. Dental clinics; eye, ear, nose, and throat clinics; venereal and other clinics for the treatment of defects and diseases.

"6. Children's hospitals or beds in general hospitals, or provision for medical and nursing care at home, sufficient to care for all sick infants and young children.

"7. State licencing and supervision of all child-care institutions or homes in which infants or young children are cared for.

"8. General educational work in prevention of communicable diseases and in hygiene and feeding of infants and young children."

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and in hygiene and feeding of infants and young children."

"SCHOOL CHILDREN"

"1. Proper location, construction, hygiene, ventilation, and ~~hygiene~~ sanitation of school house; adequate room space - no overcrowding.

"2. Adequate playground and recreational facilities, physical training and supervised recreation.

"3. Adequate space and equipment for school medical work and available laboratory service.

"4. Full-time school nurse to give instruction in personal hygiene and diet, to make home visits to advise and instruct mothers in principles of hygiene and nutrition, and to take children to clinics with permission of parents.

"5. Part-time physician with one full-time nurse for not more than 2000 children; if physician is not available, one school nurse for every 1000 children; or full-time physician with two full-time nurses for 4000 children for:

(a) Complete standardized basic physical examinations once a year, with determination of weight and height at beginning and end of each school year; monthly weighing wherever possible.

(b) Continuous health record for each pupil to keep on file with other records of the pupil. This should be a continuation of the preschool health record, which should accompany the child to school.

(c) Special examinations to be made of children referred by teacher or nurse.

(d) Supervision to control communicable diseases.

(e) Recommendation of treatment for all remedial defects, diseases, deformities, and cases of malnutrition.

(f) Follow-up work by nurse to see that physicians' recommendations are carried out.

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(e) Recommendation of treatment for all remedial defects, diseases,
deformities, and cases of malnutrition.

(f) Follow-up work by nurse to see that physician's recommendations
are carried out.

"6. Available clinics for dentistry, nose, throat, eye, ear, skin, and orthopedic work; and for free vaccination against smallpox.

"7. Open-air classes with rest periods and supplementary feedings for pretuberculosis and some tuberculosis children, and children with grave malnutrition. Special classes for children needing some form of special instruction ~~due~~ to physical or mental defects.

"8. Nutrition classes for physically subnormal children, and the maintenance of mid-morning lunch or hot noonday meal when necessary.

"9. Examination by specialist of all typical or retarded children.

"10. Education of school child in health habits, including hygiene and care of young children.

"11. General education work in health and hygiene, including education of parent and teacher, to secure full cooperation in health program."

"ADOLESCENT CHILDREN"

"1. Complete standardized basic physical examination by physician, including weight and height, at least once a year, and recommendation for necessary treatment to be given at children's health center, school or other available agency.

"2. Clinics for treatment of defect and disease.

"3. Supervision and instruction to insure:

(a) Ample diet, with special attention to growth-producing foods.

(b) Sufficient sleep, rest and fresh air.

(c) Adequate and suitable clothing.

(d) Proper exercise for physical development.

(e) Knowledge of sex hygiene and reproduction.

"4. Full-time education compulsory to at least 16 years of age, adapted to meet the needs and interests of the adolescent mind, with vocational guidance and training.

"5. Clean, ample recreational opportunities to meet social needs, with supervision and commercial amusements.

- "6. Available clinics for dentistry, nose, throat, eye, ear, skin, and orthopedic work; and for free vaccination against smallpox.
- "7. Open-air classes with rest periods and supplementary lessons for asthmatics and some tuberculous children, and children with grave malnutrition. Special classes for children needing some form of special instruction due to physical or mental defects.
- "8. Nutrition classes for physically subnormal children, and the maintenance of mid-morning lunch or hot noonday meal when necessary.
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 - (b) Sufficient sleep, rest and fresh air.
 - (c) Adequate and suitable clothing.
 - (d) Proper exercise for physical development.
 - (e) Knowledge of sex hygiene and reproduction.
- "4. Full-time education compulsory to at least 15 years of age, adapted to meet the needs and interests of the adolescent mind, with vocational guidance and training.
- "5. Clinics, ample recreational opportunities to meet social needs, with supervision and commercial amusement."

"6. Legal protection from exploitation, ~~##~~ vice, drug habits, etc."

These "minimum standards" ought to be an important guide to every minister of parish activities in setting up his health program. At the beginning of this appendix I listed three alternatives for setting of a health program. In some communities it may be necessary to take two of them together, as, for instance, medical clinics and a community health association. I would suggest that the foreign mission boards of the different churches send medical missionaries to larger parishes that have need of them, and let them serve there temporarily until the community is able to set up a permanent health program of its own. Then these missionaries could be transferred to the foreign field. That way every larger parish might be assured of some sort of health facilities to take care of immediate needs. As soon as possible, however, the respective communities should be urged to take care of their own health problems in an effective and self-supporting way. Adequate health service can be obtained for an annual expenditure of from 75¢ to \$1.00 per capita; quite satisfactory service for 50¢ and fairly effective service for 30¢. To spend the higher price would be much the cheaper in the long run, and it is by no means expensive. An adequate health service would not only cure the sick but it would stress the prevention of illness. One full-time health officer is necessary to have supervision over a certain unit of the state. Some of the states are organized by districts, some counties, and some townships. The following is quoted from ^{class room notes of} Dr. David D. Vaughan on the ^{is} governmental agencies of public health, and ^{is} given here to help the minister in cooperating with these agencies:

"2. Local protection from exhalation, via vice, direct habits, etc."

These "minimum standards" ought to be an important guide to every minister of parish activities in setting up his health program. At the beginning of this appendix I listed three alternatives for setting up a health program. In some communities it may be necessary to have two of them together, as, for instance, medical clinics and a community health association. I would suggest that the foreign mission boards of the different churches send medical missionaries to Japan, rather than have need of them, and let them serve there temporarily until the community is able to set up a permanent health program of its own. Then these missionaries could be transferred to the foreign field. That way every Japanese parish might be assured of some sort of health facilities to take care of immediate needs. As soon as possible, however, the respective communities should be urged to take care of their own health problems in an effective and self-supporting way. Adequate health service can be obtained for an annual expenditure of from 75¢ to \$1.00 per capita; quite satisfactory service for 50¢ and fairly effective service for 30¢. To spend the higher price would be much the cheaper in the long run, and it is by no means expensive. An adequate health service would not only cure the sick but it would stress the prevention of illness. The full-time health officer is necessary to have supervision over a certain unit of the state. Some of the states are organized by districts, some counties, and some townships. The following is quoted from Dr. David D. Vaughan on the subject of health service in Japan:
Governmental agencies of public health, and given here to help the minister in cooperating with these agencies:

"STATE DEPARTMENTS OF HEALTH. In general state departments of public health have the following functions: promulgation and enforcement of laws and regulations, supervision over local health activities, collection of vital statistics, health education, child hygiene and public health nursing, epidemiological investigations and the collection and analysis of morbidity reports, assistance in the control of local epidemic and endemic diseases, supervision of local venereal disease control, social hygiene education, assistance to local communities in the control of communicable diseases including trachoma (hookworm, malaria, etc., depending on geographical location), and immunization against typhoid fever, diphtheris and smallpox. The state laboratories examine specimens for the detection and control of communicable diseases, make sanitary analysis of water, examine milk, identify disease-bearing insects, prepare and distribute without charge typhoid vaccine and silver nitrate solution, prepare and distribute at cost anti-rabies treatment and furnish consultant service to local health laboratories. The Health Department conducts sanitary surveys of cities, towns, summer resorts and bathing places. It surveys water supplies and sewage facilities for towns, and creates public sentiment for their improvement. Where needed it surveys malaria and other special local health problems....It surveys the public milk supplies and the organization of a municipal milk sanitation program. It supervises school sanitation work in cooperation with the State Department of Education and local boards. It furnishes assistance in the abatement of nuisances of sanitary importance. It exercises control of stream pollution.... It exercises tuberculosis control through study, education, advice, clinics and nursing service. It holds a definite relation to certain other state departments; Department of Agriculture, Division of Animal Disease Control, issuance and enforcement of special

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quarantine regulations, tuberculosis eradication through free testing of individual herds. Under the Division of Foods, Fertilizers and Dairies there is general supervision over the manufacture, sale and distribution of foods, drugs and beverages embracing purity, preservation and sanitary quality.... Under the Department of Education, educational bulletins are issued covering the construction and sanitation of buildings and grounds. Under the Department of Highways and Public Works there is regulation of safety and sanitation along public highways and in road construction camps. Departments of State Institutions cooperate in the care of the insane, the feeble-minded, the deaf and dumb, the blind and dependent and delinquent children. The Department of Labor is a related agency in the promotion of industrial health and safety."

"FEDERAL AGENCIES PROMOTING HEALTH. U. S. Public Health Service. Treasury Department. Conducts national and interstate quarantine service, control of manufacture and distribution of sera, vaccines and analagous products sold in interstate trade, investigations of diseases of man, investigations and demonstrations in control measures, collection of morbidity reports, conduct of national leprosarium and distribution of educational material. The Bureau of Internal Revenue has charge of the administration of the prohibition act and of the Harrison narcotic act....The Department of the Interior supervises national parks, studies the operation, safety, and the sanitation of mines, furnishes Indian medical service, and cares for and compensates all veterans except those of the World War. The Bureau of Education distributes literature on health education. The U. S. Department of Labor studies labor conditions and administers the Sheppard Towner Act through the Children's Bureau. Problems of child health are studied and literature published. The Woman's Bureau also deals with health problems."

various regulations, tuberculosis eradication through the
control of food, animal health. Under the Division of Food, Dairy,
Honey and Poultry there is general supervision over the market-
ing, sale and distribution of food, drugs and beverages subject
to inspection and sanitary quality. Under the Department
of Education, educational institutions are placed covering the con-
struction and sanitation of buildings and grounds. Under the De-
partment of Highways and Public Works there is regulation of safety
and sanitation along public highways and in road construction.
Department of State Institutions cooperate in the care of the in-
sane, the feeble-minded, the deaf and dumb, the blind and dependent
and delinquent children. The Department of Labor is related
mainly in the protection of industrial health and safety.
"FEDERAL AGENCIES PROMOTING HEALTH, U. S. Public Health Service,
Treasury Department. Conducts national and interstate quarantine
service, control of narcotics and distribution of sera, vaccines
and antitoxins produced and is interested in investigations of
diseases of man, livestock and domestic animals in control
measures, collection of morbidity reports, control of national in-
fection and distribution of educational material. The Bureau
of Internal Revenue has charge of the administration of the probi-
tion act and of the Harrison narcotic act. The Department of
the Interior supervises national parks, studies the geologic, water,
and the sanitation of mines, furnishes Indian medical service, and
cares for and compensates all veterans except those of the World
War. The Bureau of Education distributes literature on health
education. The U. S. Department of Labor studies labor conditions
and administers the Shipyard Tonnage Act through the Maritime
Bureau. Problems of child health are studied and literature pub-
lished. The Women's Bureau also deals with health problems."

The following is a list of non-official agencies promoting health, which may be of assistance to the larger parish:

American Child Health Association, 370 Seventh Ave., N.Y.C.
American Medical Association, North Dearborn St., Chicago, Ill.
American Public Health Association, 370 Seventh Ave., N.Y.C.
American Red Cross, 17th & D. Sts., N. W. Washington
National Com. for the Prevention of Blindness, 370 Seventh Ave., N.Y.C.
National Com. for Mental Hygiene, " " "
National Tuberculosis Association, 370 Seventh Ave., N.Y.C.
Rockefeller Foundation, International Health Division, 61 Broadway,
N.Y.C.

The following is a list of non-official advisory personnel

Health, which may be of assistance to the project:

American Orthodontic Association, 220 Seventh Ave., N.Y.C.

American Pediatric Association, 1111 North Dearborn St., Chicago, Ill.

American Public Health Association, 220 Seventh Ave., N.Y.C.

American Red Cross, 1735 E. 9th St., N.W., Washington

National Com. on the Prevention of Blindness, 220 Seventh Ave., N.Y.C.

National Com. for Mental Hygiene

National Tuberculosis Association, 220 Seventh Ave., N.Y.C.

Rockefeller Foundation, International Health Division, 31 Broadway

N.Y.C.

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